## L09000064114

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**B. KOHR** 

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**EXAMINER** 

## COVER LETTER

· Division of C	Corporations		
SUBJECT:	Supreme	e Distribution LLC	
	Name of Lin	nited Liability Company	<del></del>
			09 S. 60
The enclosed Articles	of Amendment and fee(s) are si	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	09 SEP 30 PAIC
		Matthew P. Collins	,
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
PO Box 191062  Address			
Atlanta, Georgia 31119  City/State and Zip Code			
		matt@mpcollins:com	
	E-mail address:	(to be used for future annual report notific	ation)
For further information	n concerning this matter, please	call:	
Ma	atthew P. Collins		214-6070
Nam	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: stration Section	STREET/COURIE Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corpora Clifton Building 222661 Executive Cen Tallahassee, FL 3239	ter Circle
		The second secon	<b>-</b>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Distribution LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L09000064114 Florida document number \_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Title <u>Name</u> **Address** Type of Action **MGRM** Kevin Dash 328 Euclid Avenue Remove Miami Beach, FL 33139 MGR Larby Amirouche 600 Lincoln Road ☐ Add 2nd floor\_ Remove Miami Beach Florida 33139 **MGRM** Evelyn Canonizado 600 Lincoln Road ☐ Add 2nd Floor Miami Beach Florida 33139 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of almember Matthew P. Collins

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00