## L12 0000 96105

	<del>-</del>
	(Requestor's Name)
	(Address)
	(Address)
	,
	(City/State/Zip/Phone #)
☐ PICK-UF	P WAIT MAIL
<del></del>	(Business Entity Name)
	(Common Linux, name,
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	!
	į

Office Use Only



400354584764

11/03/20--01014--015 \*\*25.00

2023 NOV -9 PM 3: 54
SECTIONS NOVE STATE

O SIMMONS DEC 15 2020

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Sipreme Allumin	num ilc	
•	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brance	Name of Person	
	Sip	ene Alumhan LLC Firm/Company	
	729 6	Oveenbriar Dr. Address	
	lak	e Park FL 33403 City/State and Zip Code	
	E-mail address: (	ne Aluminum LLCO to be used for future annual report notification	<u>amall</u> .com
For further information co	oncerning this matter, please ca	all:	
Branco Name o	dan Susich f Person	at (50) 53-4.  Area Code Daytime Tel	ephone Number
Enclosed is a check for th	ne following amount:		
전 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	n
Division of C		Division of Corpora	
P.O. Box 632	•	The Centre of Talla	ihassee
Tallahassee, l	FL 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Alu	indrum [ 2023]	NOV -9 PM 3:54
(Name of the Limited Liability Compar (A Florida Limited L	iability Company) Sign	records.) IETARI OF STATE
	_   [/h:	LATA SEE, FL 2012 and assigned
This amendment is submitted to amend the following:	ument number	
A. If amending name, enter the new name of the limited liabi	lity company here:	/A
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	<i>N/</i> A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street	address
		Florida
	City	Zip Code

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Auti	ager horized Member		FILED	
<u>Title</u>	Name	<u>Address</u>	2023 NOV -9 PM 3: 54	Type of Action
MGR	Melissa Susich	3878	2023 NOV -9 PM 3: 54 Prospector Annestate TALLAHASSEE, FL	Seach, PL 3340 ®Add
				□Remove
				□Change
				🗆 Add
				□Remove
		· · · · · · · · · · · · · · · · · · ·		Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				🗆 Add
				□Remove
				□Change
<del></del>				□Add
				□Remove

		FILER
	NIX	
	! (	2023 MOV
		2023 NOV -9 PM 3: 54
	<del></del>	SECTION OF STATE
		FALLAHAS&EE FL
-		
	-	
		<del></del>
	· ·· ·	
	·	
<del></del> -		
		( A-
Effective date, if	${f f}$ other than the date of filing: $\_\_$	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
f an effective date is	i listed, the date must be specific and cannot inserted in this block does not meet the	t be prifer to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 e applicable statutory filing requirements, this date will not be listed as th
	tive date on the Department of State's:	
	·	
1	11 1 00 0 1 1 1 0 0	
e record specifies and is filed.	a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
a is mea.		
	15/2	00.
Dated		020
	2/2/2	
	Signature of a member	r or authorized representative of a member
	Signature of a member	r or authorized representative of a member

Filing Fee: \$25.00