# 13000023361

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2013 AUG 29 AM ID: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUPRA AUTO CENTER LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# **RONY GUILLAUME**

Name of Person

Firm/Company

159 NE 54TH ST. STE 3

Address

MIAMI, FL 33137

City/State and Zip Code

SUPRAAUTOCENTER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONY GUILLAUME

954,393-3161

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 AUG 29 AM 10: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### SUPRA AUTO CENTER 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 Lia Florida document number L13000023361	bility Company were filed on 02/14/20	and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		ecords, enter the name of the new	
Name of New Registered Agent:			
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 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 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

<u>Title</u> MGRM	<u>Name</u> CHRIS A. GUILLAUME	Address 159 NE 54TH STREET	Type of Action
		STE 3	Add
		3123	Remove
		MIAMI FL 33137	
		<del></del>	Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kemove
			Add
			Remove

. If an	nènding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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ited	Aug 19, 2015
	La Coli
	Signature of a member of authorized representative of a member
	Rong Guillageme Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

