113000168494





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08/10/22--01009--002 ++25.00

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: SUPTEMENT LICE CICONING LICE Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	NiCOU WILSON Name of Person
	Supreme office Cheaning
	6625 Argyle Forest Blyd., Suite 1012 Address
	Jackson VIII Florida 32244 City/State and Zip Code
	E-mail address: (10 be used for future annual report notification)
For fur	ther information concerning this matter, please call:
N;	Name of Person at (904) 303 - 3008 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
⊠ \$2:	5.00 Filing Fee Solution Status Solution Statu

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 28, 2022

NICOLE WILSON

6297 MORSE OAKS CIRCLE JACKSONVILLE, FL 32244

SUBJECT: SUPREME OFFICE CLEANING LLC

Ref. Number: L13000168494

We have received your document for SUPREME OFFICE CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

P11000052798.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams EXECUTIVE ASSISTANT

Letter Number: 822A00024246

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme office Clean	ing LC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it how appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 11300108494.	were filed on $12 03 2013$ and a	ssigned
This amendment is submitted to amend the following:	endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: OVERNO CLECTONY ON MORE LLC ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) Ste. 1012 Jack Sorni He, FL 32244 ew mailing address, if applicable: address MAY BE A POST OFFICE BOX) Jack Sorni He, FL 32244 enending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	
A. If amending name, enter the new name of the limited liabi	ility company here:	
Supreme cleaning and more	· LLC	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	6625 Argyle Forest Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Ste. 1012	
	Jacksonville, FL 32244	 -
finter new mailing address if annlicable	101025 Arrive Forest RIVE	:f
(Matting address MAT BE A POST OFFICE BOX)		
	Jacksonville, Fr 32244	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the n	ew registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	
	City Zip Cod	ie
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 = Manager

- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lenroy cummings	6297 Morse Daks Circle	V.nuu
		Jacksonville FL 32244	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
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If an effective Note: If th	e date is listed, the d c date inserted in		and cannot be pri ot meet the appl	icable statutory fi	more than 90 days after	ional) er filing.) Pursuant to 602 is date will not be list	
e record spe rd is filed.	ecifies a delayed e	ffective date, but	not an effective	time, at 12:01 a.i	n. on the earlier of: (b) The 90th day afte	er the
Dated	August	H	, 202	2.			
	' "		.//				
	~ / /	/ woll	### OF A MEMBER OF AU				

Typed or printed name of signee