15000095256

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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	gistration Sect vision of Corpo			
i id idzīv.	Supreme X E	ntertainment	.	w.
UBJECT:		Name of Limi	ited Liability Company	.
he enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
lease retur	n all correspond	dence concerning this matter	to the following:	
		Lance Killens		
			Name of Person	
		Supreme X Entertainment		
			Firm/Company	
		4905 34th St south #271		
			Address	
		St Petersburg/ Florida 3371	11	
			City/State and Zip Code	· · · · · ·
		Supremexent@gmail.com		
		E-mail address: (t	to be used for future annual report	notification)
or further i	nformation con	cerning this matter, please ca	ill:	
Lance Kille	ens		727 6882221 at ()	
	Name of F	erson		rtime 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

TO ARTICLES OF ORGANIZATION OF

Supreme X Entertainment

	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L15000095256	ty Company were filed on June 1st 2015	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 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 AD	ODRESS)	
Enter new mailing address, if applicable:		
Enter new mannig address, it applicable: Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name of the i
Name of New Registered Agent		
Name of New Registered Agent:		Zo. 22
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	2018 MAR SEURETA FALLAHAS
	Enter Florida street address, Florida _ City	2018 MAR Zip Odle
	Cay	2018 MAR I Dale PH

If Changing Registered Agent, Signature of New Registered Agent

or remov	ed from our records:	-	
MGR = AMBR =	Manager Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dominic Yacabozzi	8000 NE Bayshore CT 109 Miami FL 33138	■ Add
			☐ Remove
			□ Change
		 	🗆 Add
			□ Remove
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- N			🗖 Add
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March 1st	2018			
ective date, if other than the date of filing:				
e: If the date inserted in this block does not meet the applic ument's effective date on the Department of State's records		filing requireme	ents, this date will no	t be liste
·				
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effecti	ve time, at 1	2:01 a.m. on the	e earlie
March 7th / 2018				
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Filing Fee: \$25.00