8/2/23, 3:29 PM

Page: 1 08/2/2023

03:37 PM

Division of Corporations

TO:18506176383 FROM:4074125926

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000268980 3)))



H2300026898034BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPREME CONTRACTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG - 3 2023

Page: 4 .08/2/2023 03:37 PM TO:18506176383 FROM:4074125926

## **COVER LETTER**

	tegistration Se Division of Cor				
SUR IEC	SUPREME	CONTRACTORS LLC			
SUBJEC	•	Name of Lim	ited Liability Company	**************************************	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	ırn all correspo	ndence concerning this matter	to the following:		
		CLEITON CARDOSO			
			Name of Person		
		DOMINIUM CONSULTI	NG SERVICES		
			Firm/Company		
6965 PIAZZA GRANDE AVE - SUITE 206					
			Address		
		ORLANDO FLORIDA 32	2835		
			City/State and Zip Code		
		INFO@DOMINIUMCS.CO			
			to be used for future annual report note	healton)	
For furthe	r information c	oncerning this matter, please co	all:		
CLEITON	<b>ः</b>		407 374-2329		
	Name o	f Peison	at ()	e Telephone Number	
Enclosed i	s a check for th	ne 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)	

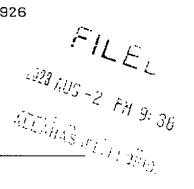
MAILING ADDRESS:

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

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

03:37 PM TO:18506176383 FROM:4074125926

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SUPREME CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L15000144320</u> .	y were filed on and assigned and assigned
forida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2538 Albaca Dr. Orlando FL 32837
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2538 Albaca Dr. Orlando FL 32837
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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

Page: . 6. 08/2/2023 03:37 PM TO:18506176383 FROM:4074125926

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	DURMAZ MANAGEMENT	2774 East Colonial Drive #1197	
		ORLANDO, FL 32803	■ Remove
			□ Change
	<del></del>		
		<del> </del>	☐ Remove
			Change
<del></del> -			Change  Add  Remove
			Change
			□ Add
			□ Remove
			Change
	· 3-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	**************************************	Add
			Remove
		<del></del>	Change
			□ Remove
			□ Chance

						_
						=
-						•
					الما الما الما الما الما الما الما الما	•
<del></del>					7 5	5
					<u> </u>	5
<del>.</del>				. <del></del>	1	つ) 二
						بي ني
		<del> </del>				رى ئى
					<u>.</u>	
				· · · · · · · · · · · · · · · · · · ·		
		<del></del>				
		<del> </del>				
E. Effective da	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departn	oes not meet the app	plicable statutory f	or more than 90 days Iling requirements,	optional) after filing.) Pursuant to 605 , this date will not be list	5.020 ed a
Note: If the						
Note: If the document's  If the record	specifies a delayed effe n day after the record is		not an effectiv	e time, at 12:0	)1 a.m. on the earli	er c
Note: If the document's  If the record	n day after the record is	s filed.	not an effectiv	e time, at 12:0	)1 a.m. on the earli	er o
Note: If the document's  If the record (b) The 90th	08/02/2023	s filed.	·			er c

Page 3 of 3

Filing Fee: \$25.00