

L16000037091

3/7/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305)388-7028
Fax Number : (305)479-2705

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEOOBIZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2018 MAR -7 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
18 MAR -7 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 08 2018

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

LEOOBIZ, 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 Liability Company were filed on 02/22/2016 and assigned Florida document number L16000037051.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUPARK LLC

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:

8461 NW 61ST STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

8461 NW 61ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANTONIO NADAIS	6301 COLLINS AVENUE, APT. 1401	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIO NADAIS	8461 NW 61st STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FALL WASSIE, FLORIDA
 Add
 Remove
 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information, currently blank.

E. Effective date, if other than the date of filing: 03-07-2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03-07-2018

Antonio Nadais
Signature of a member or authorized representative of a member

ANTONIO NADAIS

Typed or printed name of signee

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18 MAR - 7 PM 2018
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

