## L16000070975

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300293934253

01/86/17--01007--017 \*\*60.00

CORETARY OF STATE.

**S Warren**JAN 0 9 2017

## COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

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

MAJESTIC Moulding LLC						
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)					
The Articles of Organization for this Limited Liability Company were filed Florida document number $81-2389014$ .	on $\frac{4/26/2016}{}$ and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability compa	any here:					
Supreme Weightlifting 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:	· · · · · · · · · · · · · · · · · · ·					
(Principal office address MUST BE A STREET ADDRESS)						
	\$5.55 \$5.55 \$7.55					
Enter new mailing address, if applicable:	ੂੰ ਜ <b>ਸ</b>					
	H					
(Mailing address MAY BE A POST OFFICE BOX)	ORID.					
	>					
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, enter the name of the n					
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 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			Change
····			
			Change -
			SSECTION OF ANY
			STAT CARemove
			Am E

\_□ Change

<b></b>	any other inform	nation, enter	cnange(s) ner	e: (Anach aaan	ionai sneeis, ij	necessary.)	
	,	· · · · · ·				· .	
·							
							<del> </del>
<del></del>							
<del></del>	<del></del>				<del> </del>		
				<u> </u>			
					· · · · · · · · · · · · · · · · · · ·		· · . · . · . · . · . · . · . · . ·
			<u></u>				
<del></del>						·	
		<del></del> ,					
				. <del>_</del>	<del> </del>	<del></del>	
antiva data	, if other than t	ha data of filis	1/2/:	2012		optional)	
te: If the da	te is listed, the date nate inserted in this fective date on the	nust be specific as block does not	nd cannot be prior meet the applic	to date of filing or a ble statutory fili	nore than 90 days	after filing.) Pu	rsuant to 605.02 I not be listed
Amont 3 Cir	ecuve date on the	15cparanent of	State 8 records.				
record sp he 90th e	ecifies a delay lay after the re	ed effective ecord is filed	date, but no i.	t an effective	time, at 12:6	01 a.m. on	the earlier
$ed \underline{\int} \underline{Q} \underline{q}$	wary 2	nd	, 2017	<u>.</u>			
	ノ	1 m R	1 L				4 1
	Cr.	Signature of a	a member or author	orized representativ	e of a member	TARY	
	JUSON 1	SUNNIUK	Typed or print	ed name of signee		mo T	<b> </b>
			. Jpos or print	on manic of signoc	•	FLORI	ş E
						70.30	

Filing Fee: \$25.00