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MAR 27 2017 S. YOUNG SECRETARY OF STATE TALL AHASSEE, ELORIDA

COVER LETTER

Division of Cor	porations			
SUBJECT: SUPX	er Sociked Name of Lim	Pressure (ited Liability Company	washing, uc	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	James	Seun are	<u> </u>	
	<u> </u>	Firm/Company		
	1218 Se P	Etonic Ale Pe Address	<u> </u>	SECRE
	Port S!	City/State and Zip Code	4952	T WAR 24 PM 3: 06
	Stur Cerro E-mail address: (1	st\ 878 @ gmc.	ication)	PH 3: 0
For further information c	oncerning this matter, please ca	all:		. .
James	Carroll	at (77) 30	Telephone Number	
Name o	Tetson	Aica Code Daytille	тегерноне маное	
Enclosed is 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)	

TO:

Registration Section

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

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	AUS.
	<u> </u>
	R
Enter new mailing address, if applicable:	- mar
(Mailing address MAY BE A POST OFFICE BOX)	
	e
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James S Carroll	1218 Se Petunic, Hue Port St. Lucie FL 34145	d Add
			□ Remove
			Change
			Add
			Remove
			D Change
			MAR 24 CREET
			Remove Charge
			Add
			Remove
			Change
			□ Add
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			☐ Remove
			□ Change

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	MAR 24
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fective date, if other than the date of filing:(optional)	ယ္
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with cument's effective date on the Department of State's records.	ursuant to 2207.0207. Ill not be listed as
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	

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Filing Fee: \$25.00