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In South Parties

COVER LETTER

Division o	f Corporations
SUBJECT:	SUPPEME ASSESTS LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fec(s) are submitted for filing.
Please return all co.	rrespondence concerning this matter to the following:
	RYAN RANDAZZO Name of Person
	Name of Person
	Firm/Company
	14401 S MILITARY TRAIL APT. C303
	DELRAM BEACH, FL 33484
	DELRAM BEACH, FL 33484 City/State and Zip Code (rrholdings of yAHOU. COM E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
RYAN	RANDAZZO at (631) 208 - 7088 Game of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25,00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

SUPREME AS	558515	LLC.				
SUPREME AS (Name of the Limited Liability C (A Florida Lin	ompany as it now nited Liability Com	appears on our rec pany)	cords.)		<u> </u>	
The Articles of Organization for this Limited Liability Com Florida document number <u>L1700137135</u> .	pany were filed	on 6/2	3/17	and	l assigr	ied
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	l liability compa	inv here:				
SUPREME ASSETS The new name must be distinguishable and contain the words "Limited	LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company.	" the designation "	LLC" or the abl	breviation	n "L.L.C	-
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u></u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				TALLARASSE TE	2017 JUL 18 PM	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office addre <u>s here</u> :	ess on our rec	ords, <u>enter</u>	theğnai Çiri	nic of	the nev
Name of New Registered Agent:		······································				
New Registered Office Address:	_					
	En	ter Florida street aa	ldress			
	Z**:		, Florida	20.0	ode :	
N. D. D. and A. and A. and Cionatana if changing Designatured A	City			Zip C	oae	

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

$\mathbf{AMBR} = A$	authorized Member		
<u>Title</u>	Name	Address	Type of Action
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