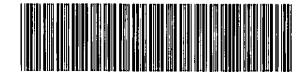
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SECRETARY OF STATE

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## **COVER LETTER**

SUBJECT:	bancer LLC		
30bject	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Richaeo Ma	20le	
		Name of Person	
	3 bance 4	CC Firm/Company	
		Firm/Company	<del></del>
	204 US 9th	A116 # ZCC	
	209 NW 3th	Address	
	HAMANIACE BE	ACH FC 33009	·
		City/State and Zip Code	
	E-mail address: (1	City/State and Zip Code  Moore P AOL Com o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		
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Richaeo	Person	at ( <u>954</u> ) 633- Area Code Daytime	Telephone Number
(Hanne O)	Terson	, nea code	
Enclosed is a check for th	e following amount:		
	■ \$30.00 Filing Fee &	These on the course	□ \$60.00 Filing Fee.
□ \$25.00 Filing Fee	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Supanier LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000232861</u> .	were filed on Nov 10 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 5 <b>6</b>
Principal office address MUST BE A STREET ADDRESS)	- FR 1 T
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	PP D
rituing than the second	7
<ol> <li>If amending the registered agent and/or registered or registered agent and/or the new registered office address here</li> </ol>	office address on our records, enter the name of the ne re:
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>	Name	Address	Type of Action
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00