

L17000260484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

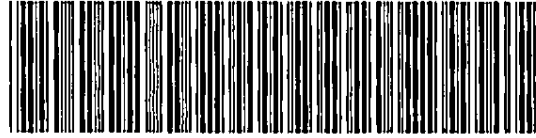
(Business Entity Name)

(Document Number)

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FALL ARIZONA COUNTY CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPREME FINISH MIAMI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOEL ROQUE GOMEZ
Name of Person
SUPREME FINISH MIAMI LLC
Firm/Company
3217 SW 92 AVE
Address
MIAMI FL 33165
City/State and Zip Code
yrg2007@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOEL ROQUE GOMEZ at (786) 873-7294
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2010 JUN -2 PM 2:11
TALLAHASSEE, FL

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

SUPREME FINISH MIAMI 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 DECEMBER 22, 2017 and assigned Florida document number L17000260484.

This amendment is submitted to amend the following:

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

SUPREME FINISH MIAMI FL 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)

3217 SW 92 AVE MIAMI FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3217 SW 92 AVE MIAMI FL 33165

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:

Cristhian Fabrega

New Registered Office Address:

3217 SW 92 AVE MIAMI FL 33165

Enter Florida street address

MIAMI

Florida

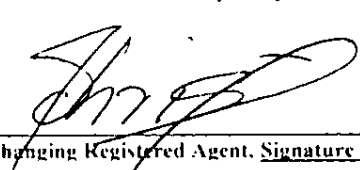
33165

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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CRISTHIAN FABREGAS	3217 SW 92 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YOEL ROQUE GOMEZ	3217 SW 92 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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.

Diciembre 26. 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00