

K180000001474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

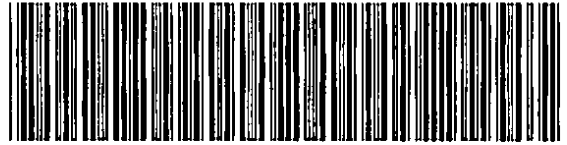
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/22--01007--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN -2 PM 4:39

T. MATTHEWS

JUN 17 2022



RECEIVED

2022 JUN -2 PM 4:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

May 6, 2022

SONIA BECERRA
3 GREENWAY PLAZA #1320
HOUSTON, TX 77046

SUBJECT: SUPAMAX LLC
Ref. Number: L18000001474

We have received your document for SUPAMAX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending authorized person(s) authorized to manage you must enter the titles and address of each person being removed from our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 322A00010466

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SUPAMAX 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:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, TX 77046

City/State and Zip Code

wsdallas1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at (877)

Area Code

777-0450

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN -2 PM 4:39

SUPAMAX 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 01/02/2020 and assigned
Florida document number L18000001474.

This amendment is submitted to amend the following:

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

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:

2254 Cannonball dr

(Principal office address MUST BE A STREET ADDRESS)

Montgomery Alabama 36116

Enter new mailing address, if applicable:

2254 Cannonball dr

(Mailing address MAY BE A POST OFFICE BOX)

Montgomery Alabama 36116

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:

N/A

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.

N/A

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>
AMBR	DARRYL BROOKS	13770 SW 272 ST 302	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GLORIVÉE BROOKS	13770 SW 272 ST 302	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JERIMI BROOKS	13770 SW 272 ST 302	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

March 17, 2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Wanda S Dallas

Typed or printed name of signee

Filing Fee: \$25.00