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19 FEB -4 FH 3: 41

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: & Supreme Home Group (LC) 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:
TSZ (24 Ný) Name of Person
Supreme Home Group, CCC
15-21A Anguilla Isle Ave
Tampa, #1 37-647
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\int_{\text{Name bf Person}} \int_{\text{Name bf Person}} \int_{\text{Name bf Person}} \int_{\text{Name bf Person}} \frac{310-4720}{\text{Area Code}}$
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ 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 Home Group, L	LC	
Supreme Home Group, L (Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 18000220237$.		17 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	π "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15
(Principal office address MUST BE A STREET ADDRESS)		T. T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of the new
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
MGK	Tsz Yan Ng	15212 Anguillo Isle Are	ZX_Add
		Tampa, FL 33647	Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			□ Change

). If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an i	ctive date, if other than the date of filing:
fther b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d 1/31/ 2019.
	Taval
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00