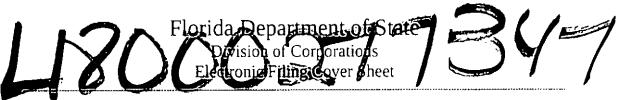
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERCAL LLC

Certificate of Status 0 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERCAL LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000277347</u> .	were filed on 11/30/18	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 300	
Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
Enter new mailing address, if applicable:	7901 4th St N STE 300	
Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new regist
gent uniter the new registered distret uniter the	· ·	22
Name of New Registered Agent:		. 8
New Registered Office Address:		77 :
	Enter Florida street address . Florida	
	City	. Zip Code
		-11

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.

New Registered Agent's Signature, if changing 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>	Address	Type of Action
		a recent of	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			□Add
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Remove	
			☐ Change
			bbA□
			□Remove
			☐ Change
			□Add
			Пепюче
			∏ Chagan

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Note: If the date	fother than the date of filing:
ne record specifies ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 02/15	2022
R	Signature of a member or authorized representative of a member
Rile	ey Park
	Typed or printed name of signee

Filing Fee: \$25.00