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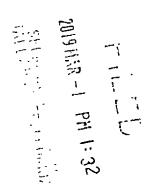
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Supreme f	Famil Entertainment LLC		
,,obsect	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		М	itchell Thompson	
			Name of Person	
		940 North We	Firm/Company st 16 Terr	
		Fort Lauderdale, F	Address FI 33311	
		sunshine-954@hot	City/State and Zip Code tmail.com	
			to be used for future annual report notifi	cation)
For further Mitchell TI		oncerning this matter, please ca	all: 754 214-1424	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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:

n

TO:

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

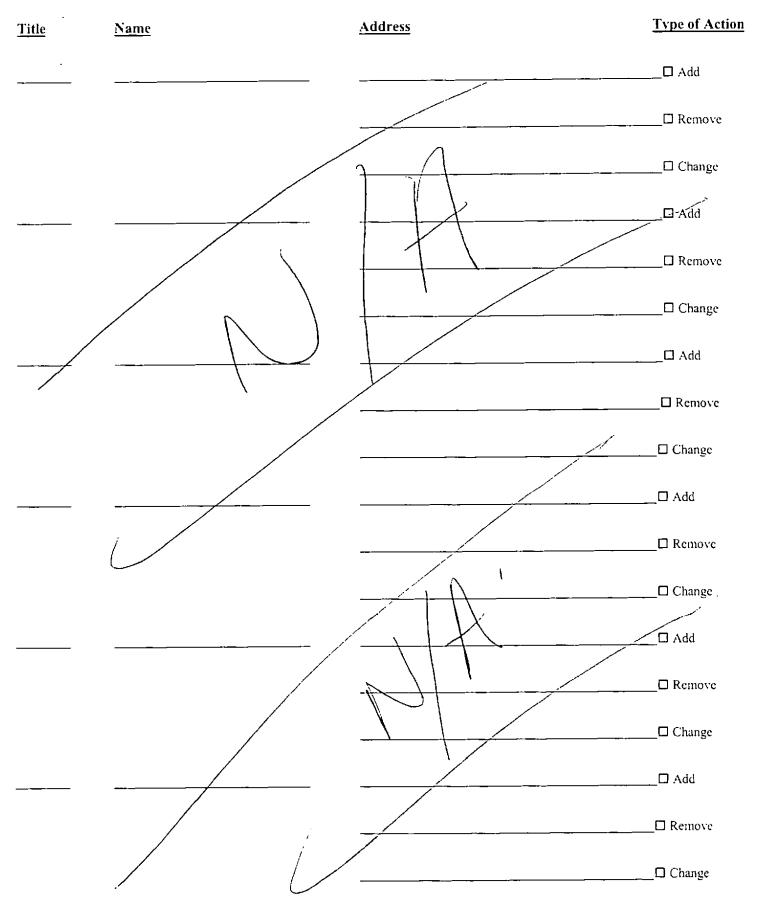
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Famil Entertainment			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears	on our records.)	
. (A FIORMA EMITTED EM	onity company)		
The Articles of Organization for this Limited Liability Company w	ere filed on	01/10/19	and assigned
Florida document numberL19000011944			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
Supreme Fam Entertainment LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			26
			写
		•	
Enter new mailing address, if applicable:		 	17
(Mailing address MAY BE A POST OFFICE BOX)			7 7
			1
			22
B. If amending the registered agent and/or registered office	ce address on	our records, <u>ente</u>	r the name of the nev
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florid	la street address	
		, Florida _	
	City	, 1 101144 _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
		itu I fumban c	ravae to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of n ovided for in Cl	ny duties, and I an hapter 605, F.S. O	n familiar with and r, if this document is
being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ddress, I hereby	confirm that the	limited liability

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member



Page 2 of 3

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<u> </u>	
	
	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 s block does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delay The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
January 28,	2019
111	The state of
-//hum	Signature of a member of authorized representative of a member
, ,	
M	litchell Thompson

Page 3 of 3

Filing Fee: \$25.00