L19000048456

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	∍#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 MAR 22 PM 1: 16

Cover Letter

10:	Division of Corp			
SUBJEC		AUTO SPA LLC		
SUBJEC	- Li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Alexander Castillo Jr.		
		 	Name of Person	
		SUPREME AUTO SPA, L	LC	
			Firm/Company	***************************************
		2994 NIMBUS DR.		
		-	Address	
		NORTH PORT, FL 34287		
		SupremeAutoSpa98@Gmai	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For furth	er information co	oncerning this matter, please ca	all:	
Alexand	ler Castillo jr.		786 731-4392	_
	Nume of	Person	at () Area Code Day	vtime Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$ 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Floridu Limited	any as it now appears on our record	5.)
(A Florida Limited	Liability Company)	_
he Articles of Organization for this Limited Liability Compan L19000048456 lorida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I.I.C	
inter new principal offices address, if applicable:		2021 551 731
Principal office address MUST BE A STREET ADDRESS)		MAR 22
Enter new mailing address, if applicable:	***	EFF ST
Mailing address MAY BE A POST OFFICE BOX)		76 F
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	t*t*	
	Enter Florida street addres.	3
****	· · · · · · · · · · · · · · · · · · ·	orida
	City	7in 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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VC/MGF	JAVIER CHILI	1387 Oregon in , North Port , Ft , 34287	= Add
			□Remove
			Change
ambri m Gh <u>Eo/cha</u> imar	ALEXANDER CASTILLO JR.	2994 Nimbus Dr. North Port, FL 34287	() Add
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