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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		SOCIEDAD ANONIMA LL	C	
SUBJEC	I;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Scott L. Huss		
			Name of Person	···
			Firm/Company	
		900 Biscayne Blvd Apt 50	112	
			Address	
		Miami, FL 33137		
		la verb Otavanna vera a an	City/State and Zip Code	
		Joseph@taxemperor.com E-mail address: (	to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Joseph			305 810-9083	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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:

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

## SUPERMO SOCIEDAD ANONIMA 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 Liabi		and assigned
Florida document number L19000078988	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
SUPREMO SOCIEDAD ANONIMA LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLs	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	F	lorida
_	City	lorida Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register	md complete performance of my duties, a	nd I am familiar with and F.S. Or, if this document is

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				
Title	<u>Name</u>	Address	Type of Action	
			☐ Add	
			Remove	
			☐ Change	
			Add	
			□ Remove	
		<u></u>	☐ Change	
			Add	
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Effective date, if other than the affective date is listed, the date Note: If the date inserted in this document's effective date on the	block does not mee	t the applicable	ite of filing or more t statutory filing rea	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605.0207 ( vill not be listed as t
the record specifies a dela ) The 90th day after the i		e, but not ar	effective time	e, at 12:01 a.m. c	n the earlier of:
Dated June 25		2019			
Scott	- Huss	and a such as a		member	

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Typed or printed name of signee

Filing Fee: \$25.00