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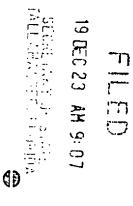
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COVER LETTER

SUBJECT: Suprer	ne Event Name of Limi	Production ited Liability Company	ons L	LC
The enclosed Articles of Amen		-		
Please return all correspondence	e concerning this matter	to the following:		
	Jesus M. So	Name of Person		
	Supreme	Event Firm/Company	rocluct	1015
<u>2</u>	1725 Moss	Grove Bly Address	<u>d</u>	
4	Orlando	City/State and Zip Code Ventpro/City be used for fature annual re	57	
 -	Supremee E-mail address: (1	ventproc	pod notification)	com
For further information concern	ning this matter, please ca	all:		
Jesus M. Sa. Name of Person	ntos	at (321) 2 Area Code	05 - 80 Daytime Telepho	88 ne Number
Enclosed is a check for the foll-	owing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	iress:	

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A Florida Limited Liability Company	()	
The Articles of Organization for this Limited Lia Florida document number 190029		Nov 26, 2019	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	e designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	ALL SECRET	19 配C 2
B. If amending the registered agent and/or re agent and/or the new registered office address	s here:	# # # # # # # # # # # # # # # # # # #	S T
Name of New Registered Agent:	Jesus M. Sa	ntos "	
New Registered Office Address:	2725 Moss G	Co ye B\Vd Florida street address	
	Ockrido	, Florida	2807 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>	<u>Name</u>	Address	Type of Action
AMBR	Jesus M. Santos	2725 Moss Grove Bl	VCL DAdd
		Orlando FL 3280	7_ □Remove
			🗆 Change
			CJAdd
			□Remove
			Change
		한 	Remove
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Factive data if other than the date of f	Sling: (optional)
ote: If the date is listed, the date must be specific ote: If the date inserted in this block does no cument's effective date on the Department	filing:(optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' not meet the applicable statutory filing requirements, this date will not be listed as of State's records.
record specifies a delayed effective date, but is filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	
Jean MX anton. Signature	of a member or authorized representative of a member
- 1	
1/	Typed or printed name of signee

Filing Fee: \$25.00