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COVER LETTER

Division of Co	rporations		
SUBJECT:	Supreme Rame of Lim	Statation Tea	in LLC
The enclosed Articles of	l'Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kell M.	Person Name of Person	
		Firm/Company	
Supreme Res foration Team LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	, # 37)		
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Company		
	Film My P	lace & Fingl, to be used for future annual report no	Coll initiation)
For further information	concerning this matter, please c	all:	
Kenneth Name	Suffy of Person	at (<u>954</u>) <u>3 d 5</u> Area Code Daytin	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Registration Division of O	Section Forporations	Registration So Division of Co	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Tallahassee, FL 32314

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Ro	Stocak	on Tea	in LLC	
Supreme Ro (Name of the Limited)	Liability Company Florida Limited Lia	y as it now appears or ability Company)	i our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liab Florida document number <u>LJ 00000</u> K	ility Company w	- 1	17	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ity company here:		
Super hero fe The new name must be distinguishable and contain the word	4 Servi	y Company," the desig	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>			
		 _		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office ad <u>tere</u> :	dress on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				<u>:</u> .
		Enter Florida s	treet address	7.7 2.7
-		City	Florida	Zin Code
		•		1

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 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
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			DAdd
			□Remove
			□Chanve

Ð	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
If an e Note:	tive date, if other than the date of filing:
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	1 Apr 202
	Signature of a member or authorized representative of a member
	Konneilly 1). Surger

である。
の表情の関係を表現しています。
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