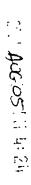
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

MAXIMILIANO MARTIRENA 3508 NW 114 AVE SUITE 205 DORAL, FL 33178

SUBJECT: SUPERNOVA LINKS LLC

Ref. Number: L20000189702

We have received your document for SUPERNOVA LINKS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 721A00014192

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUPERNOUA LINKS LLC Name of Emited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAKIMICIANO MORTIRENA Name of Person
So Peruous Cuyes Pirm/Company
Address Address
Cocal Gables 7 LAM FL 33/43 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

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

Street Address:
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

SUPED WOUR CIVES CO			
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	$\frac{27-29-21}{2}$ and assigned		
Florida document number <u>L20000 1897</u> 02			
This amendment is submitted to amend the following:			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
(Principal office address MUST BE A STREET ADDRESS)			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	¢ -3		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our rece	ords, enter the name of the new registe		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new registe		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new registe		
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: Name of New Registered Agent:	ords, enter the name of the new registe		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ords, enter the name of the new registe		
B. If amending the registered agent and/or registered office address on our reconsidered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ords, enter the name of the new registe		

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>	Name	Address	Type of Action
AMBR	DAYAN ALFREDO D	3508 NW 114 NVE	□Add
		#105 MMMI FZ 33178	Remove
			DChunge
****			CJAdd
		****	□Remove
			□ C'hange
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Filing Fee: \$25.00