

(Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(230.1000 2.111)			
(Document Number)			
Certified Copies Certificates of Status			
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C. GOLDEN 0CT - 5 2020

COVER LETTER

ΓO:

Registration Section Division of Corporations

SUBJECT: SUPP	EME TEAM TRAI	SOURTATION LLC	1
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	DERRIC	Name of Person	
	Supreme FE	AM TRANSPORTATION Firm/Company	2V
	9842 SW 9	PSTH AUE	
	GAINESVIL	E FL 3260 8 City/State and Zip Code	>
		TRANSPORTATION TO be used for future annual report not	
For further information co	oncerning this matter, please co	ıll:	
DERRICK W	F57 Person	at (352) Area Code Daytin	494 30/0 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPREME TEAM TRANS	DR TATION ny as it now appears of iability Company)	LLC	2019 <u>Gritt</u> - 2	Pii 2: 51
The Articles of Organization for this Limited Liability Company			-() and assi	gned
Torida document numberL_2600027cc67		, ,		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here	:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or t	he abbreviation "L.I	c."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
			<u>-</u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u>	name of the new	registered
Name and Marco District and Amounts	•			
Name of New Registered Agent:	<u></u>			
New Registered Office Address:	Enter Florida	street address		
		, Florid	aZyr Code	 -
	City		Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:				1
hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this cap performance of m	pacity. I furthe v duties, and I	r agree to comp am familiar wit.	ty with the h 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

f'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> Fitle</u>	Name	Address	Type of Action
4GR	DERRICK WEST	9842 SW 98 AUÉ GVIL 32608	E KAdd
		<u> </u>	[]Remove
			□Change
			🗀 Add
			□Remove
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			🗀 Remove
			□Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLACED IN THE AUTHORIZED PERSONEL ON MY
I NEED MY NAME DERRICK WEST" PLACED IN THE AUTHORIZED PERSONEL ON MY DETAIL BY ENTITY PAGE. FOR SUPREME TEAM TRANSPORTATION
14.
·
E. Effective date, if other than the date of filing: 16/5/2020 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record 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 ecord is filed.
Dated 10/S/Z0 Signature turnumber or authorized representative of a member
DEREICK WEST Typed or printed name of signee

Filing Fee: \$25.00