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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPREME NITRO LLC

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SEP 2 - 10.

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To: i8506176383 From: 19165767051 Date: 09/23/20 Time: 9:37 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPR	REME NITRO LLC	
(Name of the Limited Liability	Company as it now appears on our records imited Liability Company)	
he Articles of Organization for this Limited Liability Cor	mpany were filed on 9/11/2020	and assigned
florida document number 1,20000285489		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Matung dadress MAT BE AT OST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registe	rad office addrage on our records	contar the name of the
registered agent and/or the new registered office addre		, cinci inc maine or the
Name of New Registered Agent:		
Ivame in New Negastree rigen.		
New Registered Office Address:	Enter Florida street address	
	17HET CHURA MEET AUDESS	,
		orida
	City	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19165767051 Date: 09/23/20 Time: 9:37 AM Page: 04/05

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	Osvaldo Ozon III	13436 SW 46TH LN	
		Miami. FL 33175	☐ Remove
			☐ Change
AMBR	ALEXANDRA KALININA	13436 SW 46Th LN	
		Miami, FL 33175	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			
			□ Remove
			☐ Change
			Add
			Bemove
			☐ Change

	To: 18506176383	From: 19165767051	Date: 09/23/20	Time: 9:37 AM Page: 05/05	•
D. If amen	nding any other infor	mation, enter change(s)	here: {Attach additio	mal sheets, if necessary.)	
E. Effectiv	re date, if other than ctive date is listed, the date	the date of filing:	prior to date of filing or m	ore than 90 days after filing.) Pursuant to	605.0207 (3)(6
<u>Note:</u> I	f the date inserted in thi	s block does not meet the ap c Department of State's rec	pplicable statutory filing	g requirements, this date will not be l	isted as the
If the reco	ord specifies a dela 90th day after the	yed effective date, bu record is filed.	t not an effective t	ime, at 12:01 a.m. on the ea	rlier of:
Dated _	September 23	202	20 .		
-			A	158	
		Signature of a member or			
	ALEXANDRA KALI	NINA			
	ALLEN WEREN WILL	Typed or	printed name of signee		•

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