5/10/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001871203)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of 8

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Phone

: (888)453-0509 Fax Number

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

Email Address: accountant@ tax zone FC. com

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

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



2021-05-10 16:45:12 GMT

18884530509

From: Tax Zone

COVER LETTER

4210001871203

		·			
SUPREME I	LOGISTICS LEC				
:	Name of Limit	led Liability Company			
ed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
rn all correspor	edence concerning this matter t	o the following:			
	ED KOTLER			. · · ~	
		Name of Person		0211	en el lect
	TAX ZONE INC				
		Firm/Company			6
	8865 COMMODITY CIR S	SUITE 4		음. 모	
		Address			-
	ORLANDO, FL 32819				
		City/State and Zip Code		 ·	
	ACCOUNTANT@TAXZO	NEFL.COM			
	E-mail address: ()	to be used for future annual report notif	neation)		
r information c	oncerning this matter, please ca	all:			
ÆR		407 888-3131		· ·	
Name o	f Person	Arca Code Daytins	e Telephone Numb	our	
is a check for th	ne following amount:				
	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclased)	Certifi Certifi	cate of Status & = ed Copy	
	SUPREME I: ed Articles of Armall correspondence of the correspond	Name of Limit ed Articles of Amendment and fee(s) are subran all correspondence concerning this matter to ED KOTLER TAX ZONE INC 8865 COMMODITY CIR S ORLANDO, FL 32819 ACCOUNTANT@TAXZO E-mail address: (or information concerning this matter, please concerning this matter than the please concerning the please concerning the please concerning the	SUPREME LOGISTICS LLC: Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR SUITE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notified in the concerning this matter, please call: LER Area Code Daytim is a check for the following amount: 0 Filing Fee \$30.00 Filing Fee \$\Bigsim \$30.00 Filing Fee & \Bigsim \$55.00 Filing Fee & \Bigsim \$55.00 Filing Fee & \Bigsim \$60.00 Filing Fee & \Bigsim \$60	SUPREME LOCHSTICS LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. an all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR SUITE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: LER Name of Person at (407	SUPREME LOCHSTICS LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR SUITE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future angual report notification) r information concerning this matter, please call: LER 407 888-3131 Area Code Daytine Telephone Number is a check for the following amount: 0 Filing Fee Certificate of Status Certificate Of Status

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

4210001871203

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SUPREME LOGISTICS LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ty as it now appears on our red lability Company)	<u>20rds.</u>)
		and assigned
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.20000310594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		35 F C P
N/A The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	L.L.C." or the abbreviation. L.L.C.
Enter new principal offices address, if applicable:		
		const.1
(Principal office address MUST BE A STREET ADDRESS)		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		r. <u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddi (22 di uni 1 cco (23 51	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	daress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter (805, F.S. Or, if this document is
If Cha	nging Registered Agent, Signa	ture 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> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	LOUBERT VALCIN	4207 LUGANO CT	□Add
		KISSIMMEE, FL 34746	В Кепю∨е
			[]Change
			OAdd 202 ORemove 7
			☐Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			[]Remove
			□ Change
			□Add
			□ □Remove
			[]Change
			□Add
			□ Remove
			□Change

4210001871203

4210001871203

	2021
	TAY .
	0 [
	126
04/28/2021	(optional)
e, if other than the date of filing:	or more than 90 days after filing \ Pursuant to 605.0
fate inserted in this block does not meet the applicable statutory	filing requirements, this date will not be fished
fective date on the Department of State's records.	
fies a delayed effective date, but not an effective time, at 12:01 a	m on the earlier of: (b) The 90th day after
fies a delayed effective date, but not an effective time, at 12.01 2	, and the cases of the
28 2021	
,	
	tative of a member

Typed or printed name of signee