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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Congrany Name Change  Name of Limited Lability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Draw Allen	TO: Registration Section Division of Corporations	
The enclosed Articles of Amendment and fee(s) are submitted for filting.    Please return all correspondence concerning this matter to the following:   Down Allen	Chuma Chuma	1 <i>00 1-e .</i>
Please return all correspondence concerning this matter to the following:    Description	SUBJECT: Computing Plante of Limi	ted Liability Company
Please return all correspondence concerning this matter to the following:    Description		
Aller Supreme Stuffing Services LLC  Supreme Stuffing Services LLC  Find/Company  4/16 Truvenary or Address  Landerfull F. 33319  City/State and Zip Code  OALLEN 2570@ 6MAIL. COM  F-mail address* (to be used for future annual report notification)  For further information concerning this matter, please call:  Omar A. Allen  Name of Person  at (954) 330-8207  Aren Code Daytine Telephone Number  Enclosed is a check for the following amount:  \$\text{S\$55.00 Filing Fee}\$ \$\text{S\$55.00 Filing Fee} & Certified Copy (additional copy is enclosed)}  Mailing Address:  Street Address:  Street Address:	The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Address   Lowerbary   Dr   Address	Please return all correspondence concerning this matter	to the following:
Address   Lowerball Fl. 33319   City/State and Zip Code   OALLEN 2510@ & MAIL. COM		
Address   Lowerball Fl. 33319   City/State and Zip Code   OALLEN 2510@ & MAIL. COM	Omar Allen	
Address   Lowerball Fl. 33319   City/State and Zip Code   OALLEN 2510@ & MAIL. COM		Name of Person
Address   Lowerball Fl. 33319   City/State and Zip Code   OALLEN 2510@ & MAIL. COM	Supreme St	affing Services LLC
Lauderhill Fl. 33319 CityNtate and Zip Code  OALLEN 2510 € 6 MAIL COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Omar A Allen Name of Person  at (454) 330-8207  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	<del>-:</del>	UV Find/Company
Lauderhill Fl. 33319 CityNtate and Zip Code  OALLEN 2510 € 6 MAIL COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Omar A Allen Name of Person  at (454) Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	4116 Tulkenn	m br
Position of Person  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Mailing Address:    Continued to be used for future annual report notification	-1110 1700 001 00	Address
Position of Person  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Mailing Address:    Continued and person   Certificate of Status   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is	1 lambaill	El 22219
For further information concerning this manter, please call:    Description	Lancour VICCO	City/State and Zip Code
For further information concerning this manter, please call:    Description	OALLEN 2570	6 6MAIL. COM
Omer A Allen       at (954)       330-8207         Name of Person       Area Code       Daytime Telephone Number         Enclosed is a check for the following amount:       \$30,00 Filing Fee & Certified Copy (additional copy is enclosed)       \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)         Mailing Address:       Street Address:		•
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Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Omar A. Allen	at ( 454 ) 330-8207
□ \$25,00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  S30,00 Filing Fee Certified Copy (additional copy is enclosed)  S55,00 Filing Fee Certified Copy (additional copy is enclosed)	Name of Person	Area Code Daytime Telephone Number
□ \$25,00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  S30,00 Filing Fee Certified Copy (additional copy is enclosed)  S55,00 Filing Fee Certified Copy (additional copy is enclosed)		
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Enclosed is a check for the following amount:	
(additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		
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Dir. Control		
Registration Section Registration Section Division of Corporations Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme	Staffing	Services	LLC	
(Name	falko IiMeMühed I⊒a(bi	ility Company as it da Limited Liability	now appears on ou	r records.)

The Articles of Organization for this Limited Liability Company	were filed on 11-03-2020	and assigned
Florida document number <u>L 2 000 6 3 4 8 8 4 6</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Supreme Pointing and Services The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designation "LLC" or the at	observation "L.L.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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
THE COLUMN TO TH		·
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Çode
	City	ς)
New Registered Agent's Signature, if changing Registered Agent:		P3 James de la
I hereby accept the appointment as registered agent and agree 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.	provided for in Chapter 605, F.S. O	r, if this document is

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>	<u>Name</u>	Address	Type of Action
MBR.	Omar J Allen	4116 Inverrary Dr.	<b>Z</b> Add
		4116 Inverrary Dr.	□Remove
			□Clunge
			□Add
			Remove
			□Clumge
			□Add
			Петюче
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Clumge

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Note	tive date, if other than the date of filing:  tive 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 (05,020) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as m's effective date on the Department of State's records.
ord is file	
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member