LZ0000380189

(Requestor's Nam	ne)
(Address)	
(Address)	.
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(Document Numb	er)
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COVER LETTER

t TO:	Registration Se Division of Cor			ı
		SUPRIME CO	ONSTRUCTION, LLC	·
SUBJI	ECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		CARLO	S FELIPE MEDINA MACERO	
		O _a	Name of Person)
			Firm/Company	
		12:	355 SW 18TH ST APT 102	
			Address	
			MIAMI, FL 33175	
			City/State and Zip Code	
			felipemacero@gmail.com	
		E-mail address: (to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please c	all:	
С	ARLOS FELIPE N	MEDINA MACERO	786 646-7030	
-	Name o	f Person	at () Area Code Dayti	me Telephone Number
nclos	sed is a check for the	he following amount:		
≣ \$2	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	ss;	Street Address:	
	Registration S	Section	Registration S	
	Division of C	•	Division of Co The Centre of	-
	P.O. Box 632 Tallahassee, 1			oe Street, Suite 810
	i ariadiassee, i	1 10 04017	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPRIME CONSTRUCTION, LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
he Articles of Organization for this Limited Liability Company were filed on	12/04/2020	and assigned
lorida document number L20000380189		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
SUPRIME SERVICES, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		20
	-	
	/	
nter new mailing address, if applicable:		
1ailing address MAY BE A POST OFFICE BOX)		
	,	<u>း</u>
If amending the registered agent and/or registered office address on our	records, enter the na	me of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:	 	
New Registered Office Address:		
	orida street address	
	, Florida _	
City	, rivitua _	Zip Code

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

11 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
			□Add
		 	Remove
			☐Change
			□Add
			□Remove
			☐ Change
			
		-/	Add Remove Remove
		/	Dchange
	/		————————————————————————————————————
			□Remove
			□Change
			□Add
			Remove
		· 	□Change
/	/		□Add
			□ Remove
			☐ Change

	CHANGE THE BUSSI	NES NAME	AND AMENI	OMENT ARTI	CLES OF ORGA	NIZATION	
							
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_				01/01/2021			
Effective	date, if other than the over date is listed, the date must	date of filing	2:	01/01/2021	os mom than 90 day	(optional)	umuent to 605 07
Note: If the	he date inserted in this blo s effective date on the De	ck does not n	nect the applic	able statutory f	iling requiremen	ts, this date wi	Il not be listed
e record sn	ecifies a delayed effective	date, but not	an effective ti	me, at 12:01 a.	m, on the earlier	of: (b) The 9	Oth day after th
rd is filed.							

Filing Fee: \$25.00