# L21000021202

(	Requestor's Nam	e)		
	Address)			—
	,			
	Address)			
	City/State/Zip/Pho	one #)		
	, ,	•		
PICK-UP	☐ WAIT		MAIL	
	Business Entity N	lame)		_
`	<b>,</b>	,		
	Document Number	er)		
Certified Copies	Certific	ates of St	atus	
Special Instructions to	Filing Officer:			

Office Use Only



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2022 FEB 15 AM 8: 35 SECRETARY OF STATE

FEB 15 PM 1:55

TOUR

TO

FEB 1 6 2027.

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>2/15/2022</u>	_	**WALK IN**
ENTITY NAME Supth	o LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE	FATTACHED AND RETURN**
	Plain Copy Certified Copy	
	Certificate of Status	
*	*PLEASE OBTAIN THE FO Certified Copy of Arts &	LLOWING FOR THE ABOVE ENTITY**  - Amendments
	Certified Copy of Arts &	Amendments Complete File (Including Annual Reports)
	Certificate of Status Certificate of Status Ref	lesting:
	**APOSTILLE' / NO	OTARIAL CERTIFICATION**
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		
TOTAL OWED \$	5	ACCOUNT # 120140000108  United Corporate Services, Inc.  Thank you so much!
Please call Tina at th	he above number for an	y issues or concerns. Thank you so much!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

neyorou LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Torida document number L21000021202	were filed on January 7, 2021	and assigned
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited liab	ility company here:	
Suptho LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	841 Prudential Drive	
Principal office address MUST BE A STREET ADDRESS)	12th Floor	
	Jacksonville, FL 32207	
Inter new mailing address, if applicable:	841 Prudential Drive	22 FEB
Mailing address MAX BE A POST OFFICE BOX	12th Floor	36 5_F
	Jacksonville, FL 32207	SSE TO
k. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>	
gent and/or the new registered office address here:		ra <b>G</b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del>	, From the _	7in Code

#### New Registered Agent's Signature, if changing Registered Agent:

77-1--- T T C

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, 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

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

Title	<u> Nаше</u>	Address	Type of Action
			Remove
			Change
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#### Page 2 of 3

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ffectiv	re date, if other than the date of filing:
an effec	stive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
$Th \wedge C$	30th day after the record is filed.
me:	1.1 0 22
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	151.14
	161.14
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00