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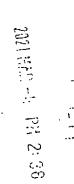
(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDIECT.	DESIBITE			*
SUBJECT:		Name of Lim	ited Liability Company	<u></u>
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing	
		•	_	
Please return	all correspo	andence concerning this matter	to the following:	
		FREDERICK DESINORE)	
			Name of Person	
		SUPER COLLECTIVE LI	r.c	
			Firm/Company	
		7680 WESTWOOD DR A	PT 827	
		- · · · · · · · · · · · · · · · · · · ·	Address	
		TAMARAC, FL 33321		
		frederick.desinord@gmail.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
FREDERICK DESINORD			954 816-9794	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
		ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	
	gistration S	Section forporations	Registration S Division of Co	
) Box 632		DIVISION OF CO	4

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIBITES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/11/2021}{}$ ___ and assigned Florida document number ______L21000024220 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUPER COLLECTIVE LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

, Florida

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
N/A			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
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an effective date ote: If the date	if other than is listed, the date e inserted in thi ctive date on th	must be specifie is block does r	c and cannot be not meet the	applicable:	te of filing or n	nore than 90 da ng requiremen	(optional) ys after filing.) its. this date	Pursuant to 605.02 will not be listed
record specifies is filed.	a delayed effe	ective date, but	not an effec	ctive time, a	nt 12;01 a.m.	on the earlier	of:(b) The	e 90th day after th
FEBRUA	.RY 27		2021					
<u></u>	7	. (), <u> </u>	···································				
		Signature of	of a member of	r authorized	representative	of a member	<u>.</u>	