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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 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:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPREME TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPREME TRANSPORTATION, 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 Florida document number L21000118386	were filed on <u>03/12/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4-3-	
(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:	nddress on our records, <u>enter the nam</u>	ne of the newsregistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	PH 4: 0
	City	Zip Code

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.

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>Name</u>	Address	Type of Action
AMBR	CARDONA, SARAH	7901 4TH ST N. STE 300	
		ST. PETERSBURG, FL 33702	⊠Remove
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an effective date is I Note: If the date ir	other than the dat fisted, the date must be ascribed in this block we date on the Depar	specific and does not me	cannot be prior teet the applica	o date of filing o	more than 90 da	(optional) ys after filing.) Pots, this date wi	ursuant to 605.0207 If not be listed as
record specifies a I is filed.	delayed effective da	te, but not a	an effective tir	nc, at 12:01 a.r	n, on the earlier	of: (b) The 9	0th day after the
_{ated} January	14	· · ·	2022	_·			
R	: Lun Park				ve of a member		
<u></u>	' Sig	nature of a m	ember or autho	nzen representat	ve of a member		

Filing Fee: \$25.00