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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : 120100000043 : (305)397-8553 Phone

: (305)397-8521 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

SUPGROUP, LLC

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Se Division of Cor			
SUPGROU	P, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
ricase return an correspo	ndence concerning this manee t	a the tono mile.	
	JOSE F. GOMEZ QUIROZ		
		Name of Person	
	SUPGROUP, LLC		
	·	Name of Person OUP, LLC Firm/Company TH STREET APT 4 Address NDALE BEACH, FL 33009 City/State and Zip Code UP63@GMAIL.COM E-mail address: (to be used for future annual report notification) is matter, please call: 754	
	220 SE 4TH STREET API	٢4	
		Address	
	HALLANDALE BEACH,	FL 33009	
	SIMCDOUDG AGMAIL O		
			fication)
For further information of	oncerning this matter, please ca		
JOSE F. GOMEZ QUIR	oz	754 252-1184	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPGROUP, LLC		
(Name of the Lim	ited Liability Company as it now appears ((A Florida Limited Liability Company)	on our records.)
e Articles of Organization for this Limited I	Liability Company were filed on JULY	7, 07 2021 and assigned
orida document number L21000312254		
is amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here	
e new name must be distinguishable and contain the	words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Suiling address MAY BE A POST OFFICE	E BOX)	
14000 MAI 200 MAI 2212 CO.		
. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our rec less here:	ords, enter the name of the new register
Name of New Registered Agent:	JOSE F. GOMEZ QUIROZ	
New Registered Office Address:	220 SE 4TH STREET APT 4	
	Enter Florid	la street address
		12000
	HALLANDALE BEACH	, Florida 33009

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.

ma Gard (5 (Det 17, 1027) 12 41 (D1)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address 21400 383011 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WONG KIT MONTES, YICK X.	1921 NE 185TH TERR	□Add
		NORTH MIAMI BEACH, FL 33179	Remove
			□ Change
			□Remove
			Change
			□Add
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			☐ Change

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If amending any other information	i, enter change(s) her	e. (Miluen lulumoni	ui sneeis, ij necessary.)	
				
				
				
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Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be price does not meet the appli	or to date of filing or mon cable statutory filing i	(optional) e than 90 days after filing.) Pu equirements, this date wil	ursuant to 605.0207 I not be listed as
e record specifies a delayed effective da rd is filed.	ste, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Dated OCTOBER 13	2021	·		
	José Gón 22 (Der 13, 2021 1	S 45 CDT)		
Sig	pature of a member or aut	horized representative of	a member	

Filing Fee: \$25.00