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COVER LETTER

го:	Registration Section Division of Corporations	
SUBJE	T: Supreme Cars OF Tampa LLC. Name of Limited Liability Company	<u> </u>
The enc	sed Articles of Amendment and fee(s) are submitted for filing.	
olease r	turn all correspondence concerning this matter to the following:	
	Vazmin Labov Name of Person	2021 AUS 30 PM 3: 20 SECRETARY OF STATE TALLAHASSEE. FL
	Firm/Company	30 PM :
	4509 arizona Sun ct	M 3: 20
	Valvico Fl 33594 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
[⊋] or furt	er information concerning this matter, please call:	
	Varmin Laboy at (BB) 203-4211 Name of Person Area Code Daytime Telephone No.	ımber
Enclose	is a check for the following amount:	
\$25	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & lified Copy itional copy is enclosed)
	Mailing Address: Registration Section Registration Section Division of Corporations The Centre of Tallahassee 4 2415 N. Monroe Street, Sur Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

supreme cars of	iampa cic.
9(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	-1.010.03
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility 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)	Valrico, Fl 335977 & T
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	PH 3: 20
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: V07M1	n Laboy
New Registered Office Address:	9 AMZONA Sun C+ Enter Florida street address
<u>Val</u>	City Florida 33594 Zip Code

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

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.

Changing Registered Agent, Signature of New Registered Agent

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
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an effective date is l lote: If the date in	other than the da listed, the date must be userted in this block we date on the Depa	specific and cannot does not meet t	he applicable stati	filing or more than 90 d story filing requireme	_ (optional) lays after filing.) Pents, this date wi	ursuant to 605.0. Ill not be listed
e record specif The 90th day	fies a delayed e after the record	ffective date, I is filed.	but not an eff	ective time, at 1	2:01 a.m. or	ı the earlier
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