122 0000 12895

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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T. MATTHEWS

FEB 17 2022

COVER LETTER

| | egistration sec Division of Corp | | | | |
|---------------------------------------|-------------------------------------|--|---|--|--|
| elib ilz" | SUPREME. | SUPREME V TRUCK LLC | | | |
| SUBJEC | l: | Name of Lin | ited Liability Company | | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | |
| Please reti | urn all correspor | ndence concerning this matter | to the following: | | |
| | | KELLY ETHERIDGE | | | |
| | | | Name of Person | | |
| | | SUPREME V TRUCK LI | .C | | |
| | | | Firm/Company | | |
| | | 1440 CORAL RIDGE DR | #513 | | |
| | | | Address | | |
| | | CORAL SPRINGS, FL 33 | 607 I | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For furthe | r information co | oncerning this matter, please c | all: | | |
| KELLY I | ETHERIDGE | | | | |
| Name of Person | | at () Area Code Daytii | ne Telephone Number | | |
| Enclosed i | is a check for the | e following amount: | | | |
| ■ \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address: Registration Section | | <u>Street Address:</u> Registration S | ection | | |
| Division of Corporations | | Division of Corporations | | | |
| | P.O. Box 6321 Tallahassee - F | | The Centre of | Tallahassee Se Street Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUPREME V TRUCK LLC | |
|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 01/05/2022 and assigned |
| lorida document number 1.22000012895 | |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liab | ility company here: |
| | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | - |
| Principal office address MUST BE A STREET ADDRESS) | - |
| | - |
| | |
| nter new mailing address, if applicable: | - |
| Mailing address MAY BE A POST OFFICE BOX) | - |
| | · |
| 3. If amending the registered agent and/or registered office a | addraw on our remarks onto the name of the new register |
| gent and/or the new registered office address here: | address on our records, enter the name of the new register |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| • | Florida |

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|----------------|--------------------------|----------------|
| AMBR | ANGELINA HYMAN | 1440 CORAL RIDGE DR #513 | |
| | | CORAL SPRINGS, FL 33071 | |
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| Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the | ust be specific and cannot be prior to block does not meet the applical | (optional) o date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) ole statutory filing requirements, this date will not be listed as the |
| record specifies a delayed effect I is filed. | ive date, but not an effective tin | ne, at 12:01 a.m. on the earlier of: (b). The 90th day after the |
| February 1st Dated | 2022 | |
| Kelly | Signature of a member of author | ized representative of a member |
| | 5 | |
| KELLY ETHERIDG | i | |

Typed or printed name of signee