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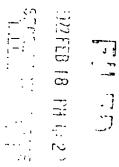
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Special Instructions to	Filing Officer:		
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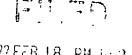


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## **COVER LETTER**

TO:	Registration Se Division of Cor			· ·
eren u	SUPREME	CAPĮTAL SERVICES LLC		
SUBJE	CT:	Name of Lin	nited Liability Company	
The end	dosed Articles of	Amendment and feers) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Crystal Hair		
			Name of Person	
			Firm/Company	
		1243 PINE SAGE CIR		
			Address	<del></del>
		WEST PALM BEACH, FI		
		SUPREMECAPITALSERY	City-State and Zip Code /ICES1@ GMAIL.COM	
			to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please ca	all:	
Crystal	Hair		561 7275802	
	Name of	Person	at () Area Code Daytin	ic Telephone Number
Enclose	d is a check for th	e following amount:		
₹ \$25	.00 Filing Fee	T. \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, 14	porations "allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	17/2 FEB 18 PM 4:2:
SUPREME CAPITAL SERVICES LLC	_
(Name of the Limited Liability Company as it now appears on our reco	rds)
The Articles of Organization for this Limited Liability Company were filed on $\frac{00/31/2022}{1}$	and assigned
Florida document number 1.22000051321	divide a second
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Parameter W. I. I. Daniel W. I.	
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 agent and/or the new registered office address here:	r the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addre	
F	larida

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

Thereby accept the appointment as registered agent and agree to act in this capacity. 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. Thereby confirm that the limited liability company has been notified in writing of this change.

 $\ell^* m$ 

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	CRYSTAL HAIR	1243 PINE SAGE CIR	□.Add
		WEST PALM BEACH, FL 33409	
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			FiAdd
			= ERemove
			[] Change
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E. Effective date, if other than the (H an effective date is listed, the date must <u>Note:</u> If the date inserted in this bla document's effective date on the De	t be specific and cannot be ock does not meet the ar	prior to date of filing or m	(optional) ore than 90 days after filing.) Purs g requirements, this date will	suant to 605,0207 (3) not be listed as the
f the record specifies a delayed effective ecord is filed.	date, but not an effecti	ve time, at 12:01 a.m. (	on the earlier of: (b) The 90t	h day after the
Dated EEBURARY 14	2022	·		
$\mathcal{V}$	W			
	- /			
	Signature of a member or :	authorized representative	of a member	<u>_</u>

Filing Fee: 825.00