## 422000078234

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## **COVER LETTER**

10:	Division of Corporations		
SUBJE	CT: Supreme Paintin Concepts,	uc.	
	Name of Limited Liability Company		

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

 Mis C. Diaz
 at (<u>954</u>) 353.5520

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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<u>Mailing Address:</u> 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 A TO ARTICLES OF O OF	) RGANIZATION
Supreme Painting (Name of the Limited Liability Compan (A Florida Limited Li	Concepts, LLC <u>v as it now appears on our records.</u> ) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $2/16/22$ and assigned
Florida document number <u>LZZCOOO 78234</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Supreme Florida Fenci. The new name must be distinguishable and contain the words "Limited Liabilit	ng LLC
Enter new principal offices address, if applicable:	12304 Royal Palm Blvd Correl Springs Fr 33065
(Principal office address MUST BE A STREET ADDRESS)	Correl Springs, FC 33065
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
R. If amanding the registered agent and/or registered office of	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:				
New Registered Office Address:			20	
	Enter Florida street a	ldress	20	
		, Florida _	CT .	
	City		Λ Zıp Code	1
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 ÀMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Julio C. Diaz (re)	12304 Royal Palm Blvd	Add
		Coral Springs, fr 33065	
			□Change
AMBR	Ernesto M. Diaz	2151 NW 109 the Are	Add
		Sunrise to 33322	🗆 Remove
			🗆 Change
AMBR	Julio C. Digz Revoredo	215/ NW 109th AVC	BAdd
		Sunrise, ft 33322	🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Change
	<u> </u>		🗆 Add
			🗌 Remove
			🗌 Change
			🗆 Add
		<u></u>	🗌 Remove
		. <u> </u>	□Change

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D. If amendi	ng any other info	rmation, enter char	ge(s) here: (Attach	h additional sheets,	if necessary.)
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	10/10/22
	And the
-	Signature of a member or authorized representative of a member
	Stulio C. Draz
_	<b>*</b>

Typed or printed name of signee