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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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A. BUTLER
MAR 1 6 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Supreme Visuals 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:
Adler Louis Name of Person
Sipreme Visuals LLC Firm/Company
2813 After Cic Orlando Fl. 32825
Orlando / Florida 37825 City/State and Zip Code
Supreme Visuals (a) (mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adler Locis at (561) (33-684) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:

TO:

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

FILED

SUPREME VISUAL	S " LL C2022 HER -7 PM 2 24					
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)					
The Articles of Organization for this Limited Liability Company were filed on <u>02/27/2628E. F</u> and assigned						
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 Co	mpany," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
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 here:	ess on our records, enter the name of the new registered					
Name of New Registered Agent:	·					
New Registered Office Address:						
	Enter Florida street address					
	Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addicompany has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is					

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	Marckcaty Alfred	POBOX 78 1004 Orlando FL 30	2878 BAdd
			□ Кетюче
			□Change
			□Add
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<u> Vote:</u> If	e date, if other than the date of filing:
	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 i.
d is filee	Acher Sun
record d is filed Dated	Action Signature of a member or authorized representative of a member