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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
	Lifestyle LLC		
SUBJECT:			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Ion-Ming Yuan		
		Name of Person	
		Firm/Company	
	122 E Stevens Ave		
		Address	
	Valhalla NY 10595		
	supremelife407@gmail.com	City/State and Zip Code	
		to be used for future annual rep	ort notification)
For further information	n concerning this matter, please c	all:	
Carl Ion-Ming Yuan		646 823-5 at ()	197
Nam	e of Person		Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u>		<u>Street Addı</u>	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Lifestyle LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/29/2022}{1}$ and assigned Florida document number _____L22000151444 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 "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 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: 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 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	Yuan Family Revocable Trust	122 E Stevens Ave, Valhalla NY 10595	🗏 Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
•	
(If an effective Note: If the	date, if other than the date of filing:
ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Sept 8th 2022. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ton-Ming Yuan Typed or printed name of signee
	Typed or printed name of signee

• • • • • •

Filing Fee: \$25.00