L22000307576

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



09/12/22--01029--008 **30.00



FILED 2002 SEP 12 PH 12: 37 2002 SEP 12 PH 12: 55 SEP 12 PH 12: 37 SECRE DARLOF SLATE AHASSEE PLO.

SEP 10 2022 D CONNELL **COVER LETTER**



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:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

530.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<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 OF OF	RGANIZATION E A T
SUPAFAST- CASLL (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>122000307576</u>	ere filed on JULY 10th 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	3203 W NEBraska Ane Tampa FI 33603
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	3203 N NEBraska Aue
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: <u>HENR</u> New Registered Office Address: <u>SUPGS</u>	1 Isitua / 3203 W. Netraska HVG

Tampa	, Florida _	33603
Cĩņ		Zip Code

Enter Florida street address

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 1 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 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

.

•

•

٠

<u>Title</u>	Name	Address	Type of Action
mgr	1 SITUS HENRY	13101 N Florider Hue	∠ □ Add
			□Change
AP_	glimone cleo	6107 444 ST-Tamje FI	□ □Add
		33612	IBernove
			Change
<u>HP</u>	Jawak Patel	13102 N Florida Ane	🗆 Add
		Tampa Fl 33612	🗆 Remove
		<u> </u>	DChange
			🗆 Add
		<u> </u>	🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change

.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• • •

Change of Janak PG Display Title Manager	tel Should
Display Title Manager	
tive data if other than the date of filing:	(optional)

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.

Aug 20 Dated ____ Signature of a member or authorized representative of a member HONRY 15HUG Typed or printed name of signee

Filing Fee: \$25.00