## L22000482517

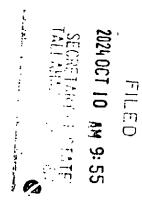
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## **COVER LETTER**

Mailing Address:

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

Sypreme Gree		wer ii	<i>&gt;</i> C	
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on lability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Lia Florida document number <u>L22-06042</u>	a517	were filed on	10/22	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	_133 Sar	aborn Dr	<u></u>
(Principal office address MUST BE A STREET	ADDRESS)	<u>lehigh</u>	Acres	PL 33972
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	Lehigh	Anborn E	FLS 33972
Name of New Registered Agent:			0,	75. 
New Registered Office Address:	_133	Sanborn Enter Florida si	reet address	
	rehigh	ACYES Cin	, Florida	33972 Zip Code

## 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Brian Manwaring Ir	1321 Wildward alces 18100	□Add
		廿5	Remove
		Naples FL 34104	□Change
CEO		133 Santorn Dr	□Add
	manwaring	Lehigh Acres	□Remove
		FL 33972	Change
AMBR	Brian P. Manuaringsr.	3 Hook Rd	□Add
	•	Unit 31	□Remove
		Parphreepsie NY 121001	_\(\times\)Change
<u> </u>	Charla Manuaring	133 Sanborn Dr	_ 🗆 Add
		Lenigh Acres	_ □Remove
		FL 33972	Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change

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If an eff Note:	ive date, if other than the date of filing: 1000724 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recor	d 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 ed.
Dated	October 7 . 2024.
	Signature of a member or authorized representative of a member
	AMBER K MGNULLY INC.  Typed or printed name of signee