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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KRAVITZ TALAMO & LEYTON, PLLC

Account Number : I20150000096 Phone : (305)558-5300 Fax Number : (305)557-1934

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPREME FORMULA DETAILING LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPREME FORMULA DETAILIN	G LLC		~ <u>~</u>	
(Name of the Limite	u Liability Compa A Florida Limited	iny 45 It now appears on our records Liability Company)		
The Articles of Organization for this Limited Lie	bility Company	were filed on January 13, 2023	und assigned	
Florida document number L23000017242	·			
This amendment is submitted to amend the following	wing:		0 PM12: 42	
A. If amending name, enter the new name of	the limited list	ility company here:	* 2	
The new name must be distinguishable and contain the wo	rds "Limited Linbi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	1100 Brickell Bny Drive #3100	10	
(Principal office address MUST BE A STREET		Miumi, Florida 33131		
Enter new mailing address, if applicable:		1100 Brickell Bay Drive #310010 Mianti, Florida 33131		
(Mailing address MAY BE A POST OFFICE B	<u>(0X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	here:	address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent.	4400 0 14 14 0	D 1 (2) (2)		
New Registered Office Address:	1100 Brickell E	Bay Drive #310010 Enter Florida street address		
	WIRIIII	, Flo	rida 33 131 Zip Code	
New Registered Agent's Signature, if changing Re	eaktered Agent:	•	,	
THE PARTY OF THE P		•		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	NESTOR BOTERO	412 NW 32 PL	□Add
		Miami Florida 33125	
			□ Chunge
MGR	Supreme Formula Holdings LLC	1100 BRICKELL BAY DRIVE # 310010	= Add
		Miami, Florida 33131	
			□Change
			🗀 Add
			© Remove
			🗆 Change
		· · · · · · · · · · · · · · · · · · ·	
			©Remove
			□ Change
			DAdd
		<u> </u>	□ Remove
			DChange
			Remove
			Change

D. II Amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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inore: II	date, if other than the date of filing: (optional) ive dute 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to it's effective date on the Department of State's records.
ecord is filed	
Dated	April 12 2023
	Signature of a member or authorized representative of a member