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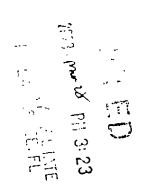
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R. HUNT 03/28/25

COVER LETTER

	CO	VER LETTER	
TO: Registration Section Division of Corporations			
SUBJECT: SUPPREY	Ne Pain Name of Limited L	Enturprice iability Company	ses LLC
The enclosed Articles of Amendmen	t and fee(s) are submitted	I for filing.	
Please return all correspondence con	cerning this matter to the	following:	
	436 L	Name of Person Autiservices Firm/Company Address Address Tings FL y/State and Zip Code Services in Code seed for future annual report notifi	INC (RD
For further information concerning t			
Carlos SUGI Name of Person	<u>ez</u>	at (\(\int_{\inttileftinetinet\int_{\inttileftinint_{\inttileftinleftinint_{\int_{\inttileftinint_{\inttileftinleftin\int_{\inttileftinintetinnetintinetintinetinnetintinetintinetintileftint\int_{\inttileftinleftinintetinnetintinetintinetinnetintinetinnetintinetintinetintinetintinetinnetintinetintinetintinetinintinetinnetinintinetinintinetinintinetintinetintinetintinitinetinnetinintinitinetintinitini	7-3677 Telephone Number
Enclosed is a check for the following	g amount:		
· -	00 Filing Fee & ifficate 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)

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

The Articles of Organization for this Limited Liability Company were filed on $2 - \sqrt{5 - 23}$ and assigned Florida document number <u>1</u> 23000082576 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 "LLC." 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:

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

Enter Florida street address

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	Josue	Finlander Calles	1421 cypioss way W.	Add
			Polm Spings FL 33406	^ 2_ □Remove
				□Change
				□Add
				□Remove
				□ Change
		 		□ Add
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(If an effecti Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies 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	5-22-23.
	Eked Calley Rivera Signature of a member or authorized representative of a member
	Ebed A. Calles Rivera. Typed or printed name of signee