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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VNR SUPREME AUTO SERVICES LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: VNR S	SUPREME AUTO	SERVICES LL	C
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	<u> </u>
		Firm/Company	
	17350 STATE HWY 249	#220	
		Address	·
	HOUSTON TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for luture annual re	and not thought
For further information c	oncerning this matter, please of		ant southeasters
LOVETTE DOBSON	2	8884	623453
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
€ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So So So Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Add	ress:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	ty Company)	recorus.)	
The Articles of Organization for this Limited Liability Company were	filed on02	/16/2023	and assigned
Florida document number <u>L23000085642</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany." the designatio	n "LLC" or the abb	previation "L.L.C."
,	mpany," the designatio	n "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable:	mpany," the designatio	n "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable:	mpany." the designatio	n "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany." the designatio	n "Ll.C" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	mpany," the designatio	n "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	mpany." the designatio	n "LLC" or the abb	previation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains 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)	mpany," the designatio	n "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:			

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ____

1/10/2023 01:17:34 CST

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000387692 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	REYNA E MATIAS JIMENEZ	7617 ELLIS RD	□Add
		MELBOURNE, FL 32904	ZRemove
			Change
AMBR	Victor M. Rodriguez Pagan	4651 W EAU GALLIE BLVD LOT 67	∑ ∕Add
		MELBOURNE FL 32934	□Remove
			□Change
			□Add
			□Remove
			\pi Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

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). If amending any other infor	mation, enter thange	(s) nere. (Anach e	uutinmu sneets, ų r	eccastir _{y,y}	
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Effective date, if other than	the date of filing:		(0	ptional)	
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot is block does not meet the	e applicable statutor	ig or more than 90 days a	ifter filing.) Pursuant to 605.020	17 (3)6 15 the
the record specifies a delayed effectord is filed.	ective date, but not an effe	ective time, at 12:01	a.m. on the earlier of	(b) The 90th day after the	e
Dated November 08	. 202	23	\mathcal{C}		
	Signature of a member	To authorized represe	Ul UUM ntative of a member		
	-	ت I. Rodriguez P			

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Typed or printed name of signee