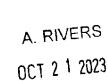


(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





10/06/23--01007--007 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: ASM S	Supreme Sales LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Angela Reategui		
		Name of Person	
		Firm/Company	
	11452 SW 252nd TER		
		Address	
	Homestead, FL 33032		
	Angela@ASMSupremeSc	City/State and Zip Code tles.com	
	E-mail address: (to be used for future annual repo	rt notification)
For further information	n concerning this matter, please e	all:	
Angela Reategui		at (⁷⁸⁶)	386429
Nana	e of Person	Area Code D	aytime Telephone Number
Enclosed is a check for	the following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 62	n Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASM Supreme Sales LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on03/14/2023	and assigned
Torida document number <u>L23000131439</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
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)		
		7 C.3
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter the na</u>	nie of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1, 3
	, Florida _	
	City	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Angela Reategui		□Add
			□Remove
VP Miguel Reat	Miguel Reategui	7901 4TH ST. N STE 13484	NIAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
		·	□Remove
			□Change

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an off Note:	we date, if other than the date of filing:
he record ord is fil	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	September 15th 2023
	Signature of a member or puthorized representative of a member
	Angela Reateguí
	Typed or printed name of signee