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(((H240000223013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ा∗≰:

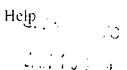
Email	Address:	EFILE1234@INCFILE.COM	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERSCALE VENTURES LLC

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## **COVER LETTER**

TO:		gistration Se ision of Cor			(((H24000022301 3)
			ALE VENTURES LLC		
SUBJECT:			Name of Lin	ited Liability Company	
The en	closed	i Anticles of	Amendment and fee(s) are sub	mitted for filing.	
Please	returr	all correspo	indence concerning this matter	to the following:	
			LOVETTE DOBSON		
				Name of Person	
				Firm/Company	
			17350 STATE HWY 249		
				Address	
			HOUSTON, TX 77064		
			EFILE1234@INCFILE.CO	City/State and Zip Code  M to be used for future annual report	potification)
For fur	ther i	nformation c	oncerning this matter, please c	·	
LOVETTE DOBSON				888-462	-3453
		Name o	f Person	Area Code Da	sytime Telephone Number
Enclos	ed is a	i check for ti	ne following amount:		
<b>■</b> \$2	5.00 1	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Addres gistration S		<u>Street Addres</u> Registration	
		_	orporations	Division of	Corporations
		). Box 632			of Tallahassee
	Fal	lahassee, l	*L 32314	2415 N. Mo Tallahassee,	nroe Street, Suite 810 FL 32303

## ARTICLES OF AMENDMENT TO (((H24000022301 3))) ARTICLES OF ORGANIZATION

SUPERSCALE V	ENTURES LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000138426</u>	were filed on 03/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower 13	Ste 455 #14621
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126	70 7
		F. P.
		H 00
Enter new mailing address, if applicable:	1150 Nw 72nd Ave Tower 1	Sie 455 # 662]
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126	6 6
		四型
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:	Enter Florida street addre	37
	F	lorida
	City	Zip Coxle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is
I <del>f Cha</del> i	nging Registered Agent, Signature	of New Registered Agent

1/18/2024 14:34:14 CST Page: 4/5

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 (((H24000022301 3)))

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ROBERT KLAGES	1150 Nw 72nd Ave Tower 1	□ Add
		Ste 455 #14621	□Remove
		Miami, FL 33126	<b>7</b> 0
MGR	ANDREW CAVANAUGH	1150 Nw 72nd Ave Tower 1	
		Ste 455 #14621	□Remove
		Miami, FL 33126	⊞Change
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>			
			□Remove
		(((H24	000022301 3)))

If amendin	ng any other information.	enter change(s) her	e: (Attach additia	(((ロ24 onal sheets, if neco	000022301 (seary)	((۵
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Note: If the	ate, if other than the date date is listed, the date must be spendate inserted in this block do effective date on the Departm	es not meet the applica	to date of tiling or mo able statutory filing	re man 90 days aner i	iling 1 Pursuant to 605	.0207 ed as I
record spec d is filed.	ities a delayed effective date.	but not an effective ti	me. at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	rthe
Onted	January, 16th	2024	<u> </u>			
		Robert ure of a member or autho	Klagli		<del></del>	
	Signat			u a member		
_			Klages ed name of signee		<u> </u>	

(((H24000022301 3)))