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| (Requestor's Name) (Address) (Address) | 300430789603 |
| (City/State/Zip/Phone #) | 05/11/2401018004 ++30.00 |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2374 AND AND OF STATE |
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OG/11/24

COVER LETTER

TO: Registration Section Division of Corporations

SUPRA CLEANING SOLUTIONS LLC

SUBJECT: __

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| MARIA J | OSE | TORRES |
|---------|-----|--------|
|---------|-----|--------|

 Name of Person

 SUPRA CLEANING SOLUTIONS LLC

 Firm/Company

 300 Sheoah Blvd, Apt 1203

 Address

 Winter Springs, FL 32708

 City/State and Zip Code

 giovana.regencysolution@gmail.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA JOSE TORRES 689 318-4530 at (_____) Name of Person Area Code Daytime 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

| SUPRA CLEANING SOLUTI | |
|---|--|
| (<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability (| now appears on our records.) Company) |
| The Articles of Organization for this Limited Liability Company were fi Florida document number | led on 04/06/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability con | mpany here: |
| SUPRA SOLUTIONS GROUP LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Comp | pany," 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) | |
| | |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: | on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | . Florida |

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

Zip Code

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 = A | uthorized | Member |
|----------|-----------|--------|
|----------|-----------|--------|

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|--------------------------|---|
| AMBR | MARIA JOSE TORRES | 300 Sheoah Blvd APT 1203 | 🗆 Add |
| | | Winter Springs, FL 32708 | 🗆 Remove |
| | | | |
| AMBR | CRISTHIAN CORTEGANA | 300 Sheoah Blvd APT 1203 | ≡ Add |
| | | Winter Springs. FL 32708 | 🗆 Remove |
| | | | □Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (If an effective date 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated | 06/06/24 |
|-------|--|
| | At I.I. |
| | Signature of a member or authorized representative of a member |
| | MARIA JOSE TORRES |
| | Typed or printed name of signee |