L24000024422



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RICH ROB	OT LLC	٠.				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	MARCOS REZENDE					
		Name of Person				
	CSG - CAPITAL SERVICES GROUP, INC.					
		Firm/Company				
	1191 E NEWPORT CENTER DR #103					
		Address				
	DEERFIELD BEACH - FI	_ 33442				
		City/State and Zip Code				
	csg@thewaygroup.biz					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
MARCOS		954 427-4770				
Name of Person			e 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 9		Street Address: Registration Sec	ction			
Division of C		Division of Cor	porations			
P.O. Box 632		The Centre of T	Fallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICH ROBOT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/10/2024}{2}$ and assigned Florida document number _____L24000024422 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUPERTUBER LLC The new name must be distinguishable and contain the words "Limited Liability 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: ci, (Mailing address MAY BE A POST OFFICE BOX) Oil 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: Enter Florida street 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

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
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f an effective <u>Note:</u> If the	ate, if other than date is listed, the date e date inserted in th effective date on th	e must be specific : is block does no	and cannot be prior to at meet the applicab	date of filing or mor	(option e than 90 days after fi requirements, this c	ial) ling.) Pursuant to 605.0207 late will not be listed as
record spe d is filed.	cifies a delayed effe	ective date, but r	not an effective tim	ie, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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- Janeu		Signature of	f a beember or authori	red representative o	member	

Filing Fee: \$25.00