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SECTION OF STATE

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	The Suprem	ne Road King Logistics, LLC				
SOBJECT.		Name of Limi	ted Liability Company			
The enclosed	l Articles of z	Amendment and fee(s) are sub-	nitted for filing.			
Please return	Shannon Stahlin Shannon Stahlin Name of Person Direct Incorporation Firm/Company 1736 Glenwood Rd Address Ann Arbor MI 48104 City/State and Zip Code documents@directincorp.com					
		Shannon Stahlin				
	Name of Person					
		Direct Incorporation				
			Firm/Company			
		1736 Glenwood Rd				
			Address			
		Ann Arbor MI 48104				
			City/State and Zip Code			
		-				
		E-mail address: (t	o be used for future annual report no	otification)		
For further in	iformation co	oncerning this matter, please ca	all:			
Shannon Sta	hlin		877 281 6496			
-	Name of	Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 NOV 19 PM 1:57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Supreme Road King Logistics, 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 $\frac{10/04/2024}{10/04/2024}$ _____ and assigned Florida document number 1,24000424923 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Mailing address MAY BE A POST OFFICE BOX) 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 __. Florida _ City 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 😥 ree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar up hand 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

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
AMBR	Randy DiFruico Morales	5740 Fairbridge St.	= Add
		Port St John FL 32927	□Remove
			□Change
AMBR	Joshua Roberts	5740 Fairbridge St.	🗀 Add
		Port St John FL 32927	□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		3	□Remove
		<u>}</u>	202 Hange Ti
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Filing Fee: \$25.00