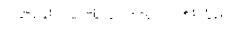
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## **COVER LETTER**

Division of Cor			•
St. Pete SU	PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hugh Carroll		
		Name of Person	5140
	St. Pete SUP LLC		
	<del></del> _	Firm/Company	
	1533 Eden Isle Blvd NE, a	рт 359	
		Address	
	St. Petersburg, FL 33704		
		City State and Zip Code	
	pattersoncarroll@gmail.com	n to be used for future annual report notif	,
For further information e	encerning this matter, please co		ication)
Hugh Carroll		920 386-1951	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	otion
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Si. Pete SUP <u>L</u> LC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) oted Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number $\frac{1.25000199442}{1.25000199442}$ .	pany were filed on April 28, 2025	and assigned
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		SECRETAR
(Mailing address MAY BE A POST OFFICE BOX)		6 PH I2:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	<b>≕</b> 4 <u></u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Ftori	da
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

100

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 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	Hugh Patterson	1533 Edem Isle BLVD NE, APT 359	□Add
		St. Petersburg, FL 33704	
			□ Change
AMBR	Hugh Carroll	1533 Edem Isle BLVD NE. APT 359	<b>≣</b> Add
		St. Petersburg, FL 33704	□Remove
			☐C'hange
			□Add
			□Change
			□Add
		<del> </del>	□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change

We are amending Hugh (	Carroll to the correc	t full legal name.		. <u> </u>	<del> </del>
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	s block does not m	eet the applicable	ite of filing or more th statutory filing req	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605.020 vill not be listed a
he record specifies a delayed effi ord is filed.	etive date, but not a	an effective time.	at 12:01 a.m. on th	e earlier of: (b) The	90th day after th
Dated May 22		2025			
	Agnieure of a n	nember or authorize	d representative of a	nember	
2	,		•		
Hugh Patterson					

Filing Fee: \$25.00