P17000090551

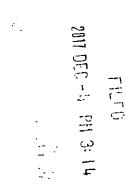
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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DEC - 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

;

NAME OF CORPORATION:SUPREM	ME OPTION, INC.
DOCUMENT NUMBER: P17000090551	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
NILDA DO NASCIMEN	ТО НОМЕМ
	Name of Contact Person
SUPREME OPTION, INC	
	Firm/ Company
5121 BALMER ST	
	Address
LEHIGH ACRES, FL 339	71
	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
NILDA DO NASCIMENTO HOMEM	at () 495-8150
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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of		ت یک بات		
SUPREME	OPTION, INC.		2017 DEC -4	PH 3:
(Name	of Corporation as currentl	y filed with the Florida Dept, of S	tate)	
P17000090	551		1.1	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amend	lment(s) to
A. If amending name, enter the new n	ame of the corporation;			
Ν/Λ			The n	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associates."	nation "Corp," "Inc," or "	Co". A professional corporation i		
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		_
(Principal office dauress MUSI BE A S	IKEEI ADDKESS)			_
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		_
				_
				_
D. If amending the registered agent ar			<u>the</u>	
new registered agent and/or the ne	w registered office address N/A	<u>i</u>		
Name of New Registered Agent				
	(Florida str	eet address)		
V D : 1 000 4 11	N/A		: .i	
New Registered Office Address:		, Flor (City)	(Zip Code)	-
Now Desistanted Agent's Signature if a	honging Degistered Agents			
New Registered Agent's Signature, if c I hereby accept the appointment as regis			ie position.	
	Signature of New R	egistered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	NILDA DO NASCIMENTO HOME	M 5121 BALMER ST
Add			LEHIGH ACRES, FL 33971
Remove			-
2) Change			·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A) N/A	
	

•	11/09/2017	
The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :	(09/2017	
meetive date <u>it applicante</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	or the amendment(s) was/were sufficient for approval	
bv	(voting group)	
•	(voting group)	
action was not required.	nted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	,
action was not required.		
Dated x	29-17	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
арроше		
	NILDA DO NASCIMENTO HOMEM	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	······································