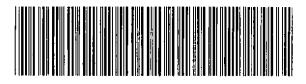
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALEX MEDGE L	IMO SERVICES INC			
DOCUMENT NUME	BER: P22000075421	·	· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	ALEXANDER MEDGE				
		Name of Contact Person			
	ALEX MEDGE LIMO SERVICES INC				
	Firm/ Company				
	3140 S OCEAN DR # 807				
	Address				
	HALLANDALE BEACH, FL 33009				
		City/ State and Zip Code			
	ALEXMEDGE1@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at (⁷⁸⁶	2717991		
Name o	of Contact Person		le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALEX MEDGE LIMO SERVICES INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P22000075421			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Clorida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
SUPREME LUXURY SERVICES INC			The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	
B. Enter new principal office address, if applicable:		20200 W DIXIE HWY # 902	
(Principal office address <u>MUST BE A S</u>	(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)			
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent		ess in Florida, enter the name of the	22
	20200 W DIXIE HWY # 9)2	• •
	(Florida stre		
New Registered Office Address:	AVENTURA	, Florida 33180	. ,
New Registered Office Address.	(City)		ode)
			iç: n7
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent. if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

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

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>ist</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary) — (Be	e specific)			

f an amendment	provides for an exchange	e reclassification o	or concellation of is	ened chares	
<u>provisions for im</u>	plementing the amendm	ent if not containe	l in the amendmen	t itself:	
(if not applica	able, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	06/18/23	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	•
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
INCORPORATOR by	,,	
o,	(voting group)	
06/18/2 Dated	00. 2 NA 2	
sele	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or officers by that fiduciary)	
	ALEXANDER MEDGE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	