# #1/3000/28759

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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K. SALY EXAMINER

OCT -1 2013

#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

## SUPERIOR HOLDINGS GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# VADIM PINHASOV

Name of Person

## SUPERIOR HOLDINGS GROUP LLC

Firm/Company

## 20327 CHESTNUT GROVE DR

Address

TAMPA, FL 33647

City/State and Zip Code

## JIMPINHASOV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# VADIM PINHASOV

at (917) 414-9843

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

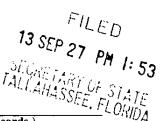
#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### SUPERIOR HOLDINGS GROUP 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 Liab	pility Company were filed on 09/12/2013	and assigned
Florida document number L13000128759	······································	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<del>- "</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	0X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records ce address here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		orida
	City	Zip Code

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 608, 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 Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name Address **Type of Action VADIM PINHASOV** 20327 CHESTNUT GROVE DR **MGRM TAMPA, FL 33647** Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• •
į	•
Dat	ted 09/26/2013
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	SOFIA AXEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00