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COVER LETTER

	rading LLC		
UBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
he enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Farouk Ibrahim		
		Name of Person	
	Superior Trading LLC		
		Firm/Company	·
	1621 SE Blockton Ave		
		Address	
	Port Saint Lucie , 34952		
	SupTradingLLC@gmail.co	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notifi	cation)
or further information	concerning this matter, please ca	ail:	
Farouk Ibrahim		772 2245892	
Name	of Person		Telephone Number
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Frading LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on May 26 2020	and assigned
lorida document number 1.20000141361	-•	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ed liability company here:	
the new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
inter new mailing address, if applicable:		<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		- v .
		.12
		89
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Factor (2)	
	Enter Florida street address	
		a
	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 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 Agent

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
MGR	Farouk Ibrahim	1621 SE Blockton Ave , Port Saint Lucie , FL , 34952	2 ≡ Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Change
			□Add
			□ Remove
			Change

	<u> </u>
	
Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) k does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the De	artment of State's records.
If the record specifies a delayed effective record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 19th	2021
Dated	·
	ignature of a member or authorized representative of a member
Farouk Ibrahim	<u></u>

Typed or printed name of signee