

L22000159455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

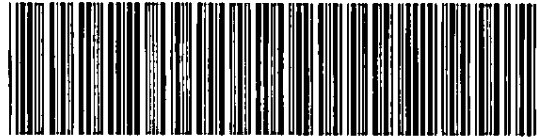
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400394202584

09/26/20--11:22--011 **24.11

FILED
2022 SEP 23 PM 12:35
FBI

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Superior Mediations 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:

Samuel Monk

Name of Person

Superior Mediations

Firm/Company

6547 Midnight Pass Rd PMB #3131

Address

Siesta Key, FL 34242

City/State and Zip Code

sam@superior-mediations.com

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

For further information concerning this matter, please call:

Samuel Monk

at () 727-902-4124

Name of Person

Area Code

Daytime 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

2022 SEP 23 PM 12:35

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

~~Samuel Monk~~

Superior Mediations 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 Liability Company were filed on 4-4-22 and assigned Florida document number 22000159453

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6547 Midnight Pass Rd PMB #3131

Siesta Key, FL 34242

FILED
2022 SEP 28 PM 12:35

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Samuel Monk

New Registered Office Address:

6547 Midnight Pass Rd PMB #3131

Enter Florida street address

Siesta Key


Florida 34242

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Samuel Monk	6547 Midnight Pass Rd # 3131	<input checked="" type="checkbox"/> Add
		Siesta Key, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Quereshi DelValle	6547 Midnight Pass Rd # 3131	<input checked="" type="checkbox"/> Add
		Siesta Key, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 SEP 23 PM 12:55
RECEIVED
H. H. H. H. H.

2022 SEP 23 PM 12:35
HARRISBURG PA

2022 SEP 23 PM 12:35

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 23, 2022.

Signature of a member or authorized representative of a member

Somme/Monk

Typed or printed name of signee