

M17000008315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 06 2021  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Superior Labor LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arianna Millan  
Name of Person

Ultimate Labor LLC  
Firm/Company

126 Main St Suite A  
Address

Clarksville TN 37040  
City/State and Zip Code

Carol@millanenterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Goodman at ( 931 ) 538-6049  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 DEC 5 11:50

December 5, 2020

CAROL GOAD  
ULTIMATE LABOR, LLC  
126 MAIN STREET - STE. A  
CLARKSVILLE, FL 37040

SUBJECT: SUPERIOR LABOR, LLC  
Ref. Number: M17000008315

We have received your document for SUPERIOR LABOR, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00024338

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State: Superior Labor LLC

Enter new principal office address, if applicable: 126 Main St Suite A

Clarksville TN 37040  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: Same

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000008315

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 9/27/17

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Ultimate Labor, LLC

*(must contain "Limited Liability Company," "L.L.C.," or "LLC.")*

*(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")*

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*Thereby 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

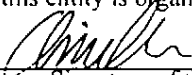
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_


<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative  
  
 Arianna Millan  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

E0930-6062 10/12/2020 9:42 AM Received by Tennessee Secretary of State Tre Hargett

<p><b>State of Tennessee</b></p>  <p><b>Department of State</b> Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p> <p style="text-align: center;"><b>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</b></p>	<p style="text-align: right;"><i>For Office Use Only</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div>
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LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) 9081602

PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:

PLEASE MARK THE BLOCK THAT APPLIES:

AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.

AMENDMENT IS TO BE EFFECTIVE \_\_\_\_\_, \_\_\_\_\_ (DATE) \_\_\_\_\_ (TIME).

(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: Superior Labor, LLC

IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:  
Ultimate Labor, LLC

2. PLEASE INSERT ANY CHANGES THAT APPLY:

A. PRINCIPAL ADDRESS: \_\_\_\_\_  
STREET ADDRESS

CITY STATE/COUNTY ZIP CODE

B. REGISTERED AGENT: \_\_\_\_\_

C. REGISTERED ADDRESS: \_\_\_\_\_  
STREET  
TN  
CITY STATE ZIP CODE COUNTY

D. OTHER CHANGES:

3. THE AMENDMENT WAS DULY ADOPTED ON October 7, 2020  
MONTH DAY YEAR

(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE

BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED

MEMBERS

member  
SIGNER'S CAPACITY

A. Millan  
SIGNATURE

Arianna Millan  
NAME OF SIGNER (TYPED OR PRINTED)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

Ultimate Labor, LLC  
STE A  
126 MAIN ST  
CLARKSVILLE, TN 37040-3236

October 12, 2020

**Filing Acknowledgment**

Please review the filing information below and notify our office immediately of any discrepancies.

**Control # : 908602**      Status: Active  
Filing Type: Limited Liability Company - Domestic

**Document Receipt**

Receipt # : 005833896	Filing Fee:	\$20.00
Payment-Check/MO - SUPERIOR LABOR SOURCE LLC, CLARKSVILLE, TN		\$20.00

Amendment Type: Articles of Amendment      Image # : B0930-6062  
Filed Date: 10/12/2020 9:42 AM

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett  
Secretary of State

Processed By: Alex Maxfield

Field Name	Changed From	Changed To
Filing Name	Superior Labor, LLC	Ultimate Labor, LLC