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Certified Copies	_ Certificates	of Status
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US-30583

## TRANSMITTAL LETTER

SUBJECT: Superior Health pharmacy, com, 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:
Michael P. Herwaw Dez (Name of Person)
(Firm/Company)
P.O. BOX 163056 (Address)
MIAMI, Fl 33113 (City/State and Zip Code)
For further information concerning this matter, please call:
Tennifer Cuza at (786) 413-4997 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Certified Copy

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization were filed on 3/29/document number LOSOOO30583 The following amendment(s) to the Articles of Organization was/were adopted by the limited SECOND: From Superior Health Pharmacy. Com LLC. to Superior Services LLC.

FIRST:

Dated <u>April 12</u> , 2005.	V -		
Signature of a member or authorized epigesentative of a member		<del></del>	2035
Michael P. Hernandez Typed or printed name of signee	<del> </del>	CRETARY	5 RPR 15

Filing Fee: \$25.00

## AMENDMENT TO CHANGE NAME OF LLC.

' OLD NAME: SUPERIOR HEALTH PHARMACY.COM LLC.

**NEW NAME:** SUPERIOR SERVICES LLC.

CONTACT : MICHAEL HERNANDEZ #: 1-866-256-5688

RETURN ADDRESS: P.O. BOX 163056

MIAMI, FLORIDA

33116

