## L05000093106

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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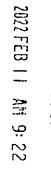


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TAB



## **COVER LETTER**

SUBJECT: SUPER	IOR HERBS LLC					
		nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	JUAN D RODRIGUE	Z				
		Name of Person				
	1746 NW 82ND AV	E				
		Firm/Company				
		Address				
	MIAMI, FL 33126					
		City/State and Zip Code				
	E-mail address:	to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please c					
JUAN D RODRIGUE	<del>, , , , , , , , , , , , , , , , , , , </del>	at (954 ) 244-8004		<i>€</i> 0	202	
Name o	f Person	Area Code Daytime	Telephone Number	7-23 7-23 	2 F E I	were a
	6.11			1	8	, m
Enclosed is a check for th	ie following amount:			5,5	ייכנ	1
☑ \$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 Stat Certified Copy	us &	<u>:</u> 9: 2	Ü
			(additional copy is end	:iosed)[ : ]	~	

Mailing Address:

TO:

Registration Section Division of Corporations

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 HERBS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The inverse of Organization for this immediately	Company were filed on 10/01/2005	and assigned
Florida document number L05000093106		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
J ,		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:  Name of New Registered Agent:	· —	er the name of the new registered
New Registered Office Address:	Enter Florida street addr	ress
	,J	Florida
	City	Zip Code
	City	
New Registered Agent's Signature, if changing Register	•	

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>	Name	Address	Type of Action
MGR	JUAN D RODRIGUEZ AND ERICKA I TAMAYO TRUST	1746 NW 82ND AVE	ØAdd
		DORAL, FL 33126	□Remove
			□ Change
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			□Rетюve
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			□Remove
			□Change
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Note:	ve date, if other than the cetive date is listed, the date in this listed in this ent's effective date on the	block does not meet	t the applicable statu	filing or more than 90 da atory filing requiremen	(optional) ys after filing.) Pursuant to its, this date will not be	605.0207 (3 listed as th
the record	l specifies a delayed effected.	tive date, but not an	effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day	after the
Dated 5	January 24		2022			
			/ \\\ \\ / \\			

Filing Fee: \$25.00

Typed or printed name of signee