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SEGRETARY OF STATE
ALLAHASSEE FIORIGA

B. BOSTICKNOV 2 4 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Superior Airport Shuttle 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:
Erin Chime
Name of Person
Superior Airport Shuttle LLC
Firm/Company
17121 Cam Court Suite 1
Address
Fort Myers FL 33908
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erin / Brian Chime 239 267 - 4777 20 20 20 20 20 20 20
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$\$

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Air	port	Shuttle,	UC		
(<u>Name of the Limited L</u> (A F	iability Companion lorida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liabil Florida document number LOTOSO This amendment is submitted to amend the following A. If amending name, enter the new name of the	ng:		SEGRETARY OF STANDAHASSEE, FLO	and assignment assignment and assignment assignm	gned TI
The new name must be distinguishable and end with the work	ds "Limited Liabil	ity Company," the designation	on "LLC" or the abit		L.C."
Enter new principal offices address, if applicable	e:	17121 Ca	m Côu	ut = 5	Juite 1
(Principal office address MUST BE A STREET A	(DDRESS)	Fort Mye	rs, Fl	<u>. 33°</u>	<u>806</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17121 Cam Court Suite 1 Fort Myers, FL 33908			
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		ecords, <u>enter t</u> l	ie name o	f the new
Name of New Registered Agent:	Eri	n Chim			
New Registered Office Address:	17121	Enter Florida street		uite	1
_	Fort	Myers	, Florida	33908	3
		City'		Zip Code	
New Registered Agent's Signature if changing Regi	ctorost Amont.				

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Thomas R. Mark	7342 Lake Drive	Add		
		Fort Myers FL	□ Remove		
		33908			
			Add		
			Remove		
	<u> </u>		Add		
		TALLAHA LAHA	Remove		
		(A)	Add [7]		
		SIATE			
**************************************			□ Add		
			i□ Remove		
			Remove		

D. II	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Thomas R. Mark has passed away.
	Please remove him as a map +
	replace him as a registered agent
	w/ Erin E Chime. Also Change principal
	4 mailing address to: 17121 Cam Court Suite1
E. Ei	ffective date, if other than the date of filing:
(Tł	he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after FL 33908 he date this document is filed by the Florida Department of State)
D	ated November 12, 2014.
	En ai
	Signature of a member or authorized representative of a member
	Erin E Chime
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE ALLAHASSEE STATE