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EXAMINER



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04/21/08--01009-0009-23009-23009

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SECRETARY OF STATE DIVISION OF CORFORATION

'COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Superior Service Solutions 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:					
Daisy Wood					
(Name of Person)					
Superior Service Solutions LLC					
(Firm/Company)					
156 Floral Court					
(Address)					
Kissimmee, FI 34743					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Daisy Wood at (321) 284-1560					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount: \$\sum \\$25.00 \text{ Filing Fee } \\$30.00 \text{ Filing Fee & } \\$55.00 \text{ Filing Fee & } \\$60.00 \text{ Filing Fee,}					
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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 **ARTICLES OF ORGANIZATION OF**



Superior Service Solutions LLC (Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/29/2007	and assigned
Florida document number <u>L07000108261</u>		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
"L.L.C." B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	street address)
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registere	r and complete performance of my duties	s, and I am familiar with and

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 Managing Members on our records, enter the title, name, and address of each Manager for Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
MGRM	Daisy Wood	156 Floral Court Kissimmee, Fl. 34743	Add Remove		
MGRM_	Tony Wood	156 Floral Court Kissimmee, Fl 34743	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
	-		Add Remove		
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_		
_			_		
Dated	April 14, 20	08 ber or authorized representative of a member	<u>.</u>		
	Signature of a mem Daisy Wood	ioei oi audiorized representative of a member			
	Tyr	ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00