

# L08000002425

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

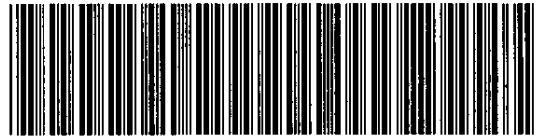
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09/23/09--01011--011 \*\*25.00

FILED  
2009 SEP 23 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

SEP 24 2009

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUPERIOR HOME LOANS, 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:

**BART SWAN**

Name of Person

**SUPERIOR HOME LOANS, LLC**

Firm/Company

**4400 HWY 20 E STE 305**

Address

**NICEVILLE, FL 32580**

City/State and Zip Code

**THAAMGUYS@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BART SWAN**

Name of Person

at ( **850** )

**543-9287**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Status &  
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  
TO  
ARTICLES OF ORGANIZATION  
OF

SUPERIOR HOME LOANS, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/31/2007 and assigned  
Florida document number L08000002425.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THAAM, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1054 E JOHN SIMS PARKWAY

**(Principal office address MUST BE A STREET ADDRESS)**

NICEVILLE, FL 32578

Enter new mailing address, if applicable:

1054 E JOHN SIMS PARKWAY

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

NICEVILLE, FL 32578

**B. If amending the registered agent and/or registered office 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:

BART C SWAN

New Registered Office Address:

1054 E JOHN SIMS PARKWAY

*Enter Florida street address*

NICEVILLE

Florida

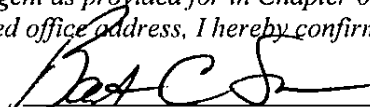
32578

*City*

*Zip Code*

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 21 September, 2009

Bart C Swan

Signature of a member or authorized representative of a member

BART C SWAN

Typed or printed name of signee

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SECRETARY OF STATE