

LD8000005433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

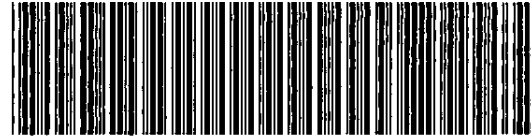
Special Instructions to Filing Officer:

L. SELLERS

DEC 29 2010

EXAMINER

Office Use Only



900188929699

12/28/10--01026--017 **30.00

FILED
10 DEC 28 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUPERIOR CONTRACTORS 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:

EDWARD WINTERS 3RD

Name of Person

SUPERIOR CONTRACTORS LLC

Firm/Company

4040 SUNBEAM RD STE 2

Address

JACKSONVILLE FL 32257

City/State and Zip Code

SUPERIORCONTRACTORS@LIVE.COM

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

For further information concerning this matter, please call:

ED WINTERS

Name of Person

at (**904**)

886 4444

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 CONTRACTORS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/05/2008 and assigned
Florida document number L08000005433.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

EDWARD WINTERS JR

New Registered Office Address:

EDWARD WINTERS 3RD

Enter Florida street address

JACKSONVILLE

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 28 PM 4:08
FILED
32257
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:

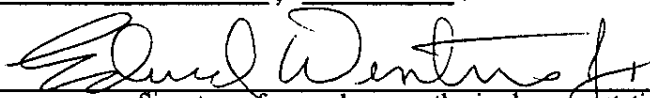
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD WINTERS JR	9460 BEAUCLERC COVE LN JACKSONVILLE FL 32257	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDWARD WINTERS 3RD	11020 HOOD RD JACKSONVILLE FL 32257	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EDWARD WINTERS 3RD	11020 HOOD RD JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDWARD WINTERS JR	9460 BEAUCLERC CONVE LN JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/22/2010



Signature of a member or authorized representative of a member

Edward Winters Jr

Typed or printed name of signer