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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

" TO:

Registration Section Division of Corporations

SUBJECT:		G&OS	UPERIO	N, LLC		
		Name of Limi	ited Liability	Company		
The enclosed Artic	cles of Ame	ndment and fee(s) are sul	bmitted for fil	ing.		
Please return all co	orresponder	ice concerning this matter	to the follow	ring:		
		_				
	ROBERT N NEWMAN Name of Person				·····	
			Firm C	ompany		
			16856 90	TH ST N		
	_		Add	Iress		
			LOXAHA	ATCHEE		
			City State a	nd Zip Code		······································
		bob2	2you 2000	O@yahoo.com	itiontina	
		·		tuture amituai report noi	incauon)	
For further informa	ation conce	rning this matter, please o	zall:			
)R	OBERT	N NEWMAN	at (		676-64	
)	Name of Pers	Son		Area Code & Daytin	me Telepho	ne Number
Enclosed is a check	k for the fol	llowing amount:				
\$25.00 Filing F	ee	\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & fied Copy tional copy is enclose		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F 1 F	Registration	Corporations 227		STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	ion orations Center Circ	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

G & O SUPERION, LLC	<b>&gt;</b>
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	04/07/2009 and assigned
Florida document numberL08000035136	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and end with the words "Limited Liability Cor"L.L.C."	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	0; 0;
(Principal office address MUST BE A STREET ADDRESS)	NC NC
	V TE
<del></del>	<b>9</b> (2)
Enter new mailing address, if applicable:	<b>R RO</b>
(Mailing address MAY BE A POST OFFICE BOX)	70°
	<b>2</b> 5 7
B. If amending the registered agent and/or registered office address o	in our records anter the name of the new
registered agent and/or the new registered office address here:	in our records, enter the name or the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	ROBERT N NEWMAN	16856 90TH ST N LOXAHATCHEE, FL 33470 (EFFECTIVE DATE-11/16/2009)	Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			<del>-</del>
Dated	Muchan	or or authorized representative of a member	
	ROE	BERT N. NEWMAN	
	Typed	or printed name of signee	

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Filing Fee: \$25.00