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O9 JAN 22 AH II: 40
SECRETARY OF STATE

COVER LETTER .

TO: 'Registration Sec Division of Corp			
SUBJECT:	Superior (Name of Lim	Home WAtch, ited Liability Company)	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	Jeanne Domenic	M Leonida L. Leonida (Name of Person)	
	19725 N Ft. My	(Firm/Company) Adde/ene (Address) CAS EL 33 (City/State and Zip Code)	<u>Rc/e</u> 967
For further information co	ncerning this matter, please co	all:	
Domenic L (Name of	eonida Person)	at (<u>617</u>) <u>921- 7</u> (Area Code & Daytime T	953 elephone 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 Fec, 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

09 JAN 22 AM II: 40 SECRETARY OF STATE TALLAHASSEE FLORIDA

Name of the Limited Liability Company as it now annears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 22, 2008 and assigned Florida document number L0800040409

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 "LLC."

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:

New Registered Office Address:

(Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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

1	<u>Name</u>	Address	Type of Action
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			= -
			Add Remove
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f amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if r	necessary.)
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	January 20, 2	009.	AN 22 AM II: 40 RETARY OF STATE AHASSEE FLORIDA
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Page 2 of 2

Filing Fee: \$25.00