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2022 SEP -9 PH 3x 06 SECRETARY OF STATE TALLAHASSEE

COVER LETTER

Division of Corporations Superior Construction Company Southeast, LLC SUBJECT: 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: Margaret Laneri Name of Person Superior Construction Company Southeast, LLC Firm/Company 7072 Business Park Blvd, N. Address Jacksonville, FL 32256 City/State and Zip Code see@superiorconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Margaret Laneri Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Construction Company Southeast, 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 _______ and assigned Florida document number L08000095999 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 contain 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□Change
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REMOVE - Peter G. Kelle	ey, President
ADD - Kevin McGlinchey	y, President
-, -	
	
te: If the date inserted in this	the date of filing:(optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
ecord specifies a delayed effec is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 8	2022
ted	
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Typed or printed name of signee