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M. THOMAS

A 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	orporations			
SUBJECT:	SUPERIOR	R RESPONSE LLO		
SUBJECT:		ited Liability Company		-
The enclosed Articles o	of Amendment and fee(s) are sui	omitted for filing.		,
Please return all corresp	pondence concerning this matter	to the following:		
		LOU LENTINE		
		Name of Person		
SUPERIOR RESPONSE LLC				
		Firm/Company		_
	6881 KI	NGSPOINTE PKWY	SUITE 7	
		Address		-
	ORI	ANDO,FLORIDA 32	819	TAR 18
		City/State and Zip Code		器等
	compli	ance@viatekproducts to be used for future annual rep	s.com	强力
For further information	concerning this matter, please of	·	sort notification)	TALLAHASSEE. FLORID
Le	OU LENTINE	at (407)	702-7601	ORIE 17
Name	of Person		Daytime Telephone Numl	per 7
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 e	enclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAII	LING ADDRESS:	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 R	<u>ESPONSE LL</u>	C		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea I Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	08/14/2009	and assigned	
Florida document numberL0900078396				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>·e</u> :		
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		5	S	
			CR SE	
F., A.,		3	·····································	
Enter new mailing address, if applicable:			M9 3 C	
(Mailing address MAY BE A POST OFFICE BOX)			FS 6	
			- RET	
B. If amending the registered agent and/or registered of	office address on a	our records, enter t	ア he name of the ne	
registered agent and/or the new registered office address he		our records, <u>enter t</u>	ne name of the ne	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida	71. 0	
	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 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 **Type of Action** <u>Title</u> **Address** <u>Name</u> MGR CRESTA PILLSBURY 6881 KINGSPOINTE PKWY SUITE 7 ORLANDO FLORIDA 32819 Remove □ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 01 Dated_ Signature of a nember or authorized representative of a member LOU LENTINE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00