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10 MAR 25 PM I2: 58
ELCRETARY OF STATE

D. BRUCE
MAR 2 6 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: 50	perior Detail Solutions LLC Name of Limited Liability Company		
Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all corresponde	ence concerning this matter to the following:		
	Jarred Kelly Name of Person		
Name of Person			
Superior Detail Solutions LLC Firm/Company			
Firm/Company			
2935 47th Ave South			
Address			
St. Petersburg / FL / 33712 City/State and Zip Code Tarred. CK @gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
City/State and Zip Code			
	Jarred. CK @gmail.com		
	Tarred. Ck@gmail.com E-mail address: (to be used for future annual report notification) Cerming this matter, please call:		
For further information concerning this matter, please call:			
Jarred Ke	at (813) 415 - 9821 erson Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee [-		
	(additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

Superior Detail	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{March 1,2010}{}$ and assigned
Florida document number <u>L 10000022552</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ed Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	DE A
	SS 25
Enter new mailing address, if applicable:	mo e m
Mailing address MAY BE A POST OFFICE BOX)	
	25 5 CB
	Þ
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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 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 Title <u>Address</u> **Type of Action** Name MGRM Errol Webley I Lamar Williams MGRM Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>M2-ch</u> 23 Signature of a member or authorized representative of a member Tarred Kelly
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00