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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: TRAN	1K'S SUPERIOR AUTOSEWICE AND TIKE Name of Limited Liability Company	<u>5,</u> LLC	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.		
Please return all correspo	condence concerning this matter to the following:		
	FRANKLIN GREEN Name of Person		
	Firm/Company 124 EDMUND RD Address WEST PALK FL 33023 City/State and Zip Code MPOLOGIA Q YAHUD, COM E-mail address: (to be used for future annual report notification)	2013 MAR 18 PH 3 07 SEURELARY OF STATE FALLAHASSEE, FLORIDA	TO LED
For further information of	concerning this matter, please call:		
FLANKLIN Name o	1 CKEEN at 305 778 - 499 of Person Area Code & Daytime Telephone Nu	<u>G</u> ımber	
Enclosed is a check for the	the following amount:		
\$25.00 Filing Fee		O Filing Fee, tificate of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANK'S SUDERION AUTO	SEWICE AND TI	ERES, LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec Liability Company)	دن الله
The Articles of Organization for this Limited Liability Compar	ny were filed on $06-13$	- 2011 and assigned
Florida document number <u>L11000068459.</u>		8388 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
This amendment is submitted to amend the following:		OF STATE
A. If amending name, enter the new name of the limited lis		
SUPERIOR SERVICES & M.		LOUP, LLC
The new name must be distinguishable and end with the words "Lin".L.C."	mited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	124 EDMUN	D RD
(Principal office address MUST BE A STREET ADDRESS)	WEST PALL, I	
		33023
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	D3/14/2013
	- trust (-
	Signature of a member or authorized representative of a member RANKLIH CLEEN
	TRANGETH GREEN

Page 3 of 3

Filing Fee: \$25.00

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