# L11000138889

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

Subject: Superior Importers & Trading LLC

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:

## **Bryan Torres**

Name of Person

## Superior Importers & Trading LLC

Firm/Company

14444 SW 46 Terrace

Address

Miami, FL 33175

City/State and Zip Code

superiorimporters56@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Torres

<sub>at</sub> 305, 310-6735

Name of Person

Area Code

Daytime Telephone 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 Fee, 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

Superior Importers & Tr	ading LLC		
(Name of the Limit	ted Liability Company as (A Florida Limited Liability)	t now appears on our records. y Company)	)
The Articles of Organization for this Limited L Florida document number L1100013888  This amendment is submitted to amend the foll	iability Company were		and assigned
A. If amending name, enter the new name o	f the limited liability o	ompany here:	
The new name must be distinguishable and end with the	words "Limited Liability C	ompany," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered office	address on our records,	enter the name of the new
	8395 SW 73 A	venue Apt 804	The state of the s
New Registered Office Address:	0000 011 707	Enter Florida street address	200 (S)
	Miami	. Flor	rida 33143 🕏
		lity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		Dail W
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete perfo istered agent as provid registered office addr change.	ormance of my duties, and ded for in Chapter 605, F	d I am familiar with and I.S. Or, if this document is 1 the limited liability

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Authorize	ed Member being added or removed from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>11tie</u>	Name	Address Type of Acti
MGR	Maribel Garcia-Torres	14444 SW 46 Terrace
		Miami, FL 33175  ■ Remove
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	date if other than the date of filing. (ontional)	
	e date, if other than the date of filing:	
the date t	ais document is filed by the Florida Department of State)	
the date t		
the date t	ais document is filed by the Florida Department of State)	-
the date t	May 27 , 2014 .	
the date t	ais document is filed by the Florida Department of State)	<b></b>

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSES FINITIONS