

L12000034240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

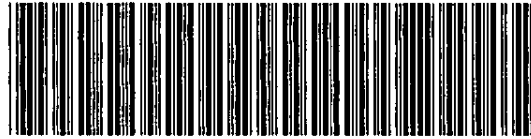
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100242284461

12/17/12--01006--003 \*\*25.00

2012 DEC 17 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. BRYAN

DEC 18 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUPERIOR MARKETING OPTIONS 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:

JUSTIN OLDS  
Name of Person

SUPERIOR MARKETING OPTIONS LLC  
Firm/Company

27535 PINE POINT DRIVE  
Address

WESLEY CHAPEL, FL 33544  
City/State and Zip Code

justin.olds@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2012 DEC 17 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUSTIN OLDS at (227) 967-0161  
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 MARKETING OPTIONS 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 3/9/12

Florida document number L12000034240

FILED  
2012 DEC 17 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

27535 PINE POINT DRIVE  
WESLEY CHAPEL, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27535 PINE POINT DRIVE  
WESLEY CHAPEL, FL 33544

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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 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 = Managing Member

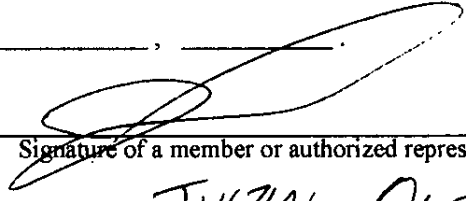
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED  
 RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 MAR 17 1971

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing Address to:  
27535 PINE POINT DRIVE  
WESLEY CHAPEL, FL 33544

Dated 12/13/12



Signature of a member or authorized representative of a member

JUSTIN OLDS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2012 DEC 17 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA