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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion orations	•		4	;
	Super T LLC	-			, ·	•
SUBJE0						
		Amendment and fee(s) are sub idence concerning this matter				
		Mark Collins				
		<u> </u>	Name of Person		-	
		Super T LLC				
			Firm/Company	·····	-	
		3854 Tamiami Trail				
			Address		-	
		Port Charlotte, Florida 339	52		2023 SEC TA	
		mark@supert.biz	City/State and Zip Code		2023 FEB - " SECRETAIN TALLAH	
		E-mail address: (	to be used for future annual report notificat	ion)	ASS 23	: ∵ ₹~; : • ‡
For furth	ner information co	neerning this matter, please co	ıll:		AM II: 10 OF STATE SEE, FL	
Mark Co	ollins		941 766-8000 at ( )		FAIR TO	
	Name of	Person		Icphone Number	<u> </u>	
Enclose	d is a check for the	e following amount:	,			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	Mailing Address	<u>:</u>	Street Address:			

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

TO:

Registration Section

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SuperT LLC		
- (Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L12000130444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
Enter new mailing address, if applicable:		2023 FEB - SECRETA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the fiew registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I furthe	er agree to comply with th

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 605, 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.

Т

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a do is filed.	clayed effective	date, but no	ot an effective	time, at 12:	01 a.m. on t	he earlier of:	(b) The 90th	day after	r the
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