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(Re	equestor's Name)	
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(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Mobile, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	J. Micheal Smith, C.P.A.		
		Name of Person	
	Smith & Associates, CPA:	s, P.A.	
·		Firm/Company	
	1601 Rickebacker Drive, S	Suite 9	
		Address	
	Sun City Center, FL 3357	3-5332	
		City/State and Zip Code	
	MikeSmithCPA@aol.com	to be used for future annual report notificatio	<u>n)</u>
For further information co	oncerning this matter, please c	·	··
J. Micheal Smit	th, C.P.A.	813 634-8885	•
Name of	f Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for th	e 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)
Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	roceries Mobile, LLC	
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability ( Florida document number L13000004655	Company were filed on January 9, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Super	rior Goaltending, LLC	) - <del></del>
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 -1
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
•		753
		. CT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the I
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	da
	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 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			☐ Remove
			Ĉĥange
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ffective date, if other than the date of filing: (optional	al)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filiote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605.0207
ocument's effective date on the Department of State's records.	ate will not be noted as
	- t <sub>or-</sub> .
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	n. on the earlier of
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ated, 2015	= ; -
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Signature of a member or authorized representative of a member	183
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Filing Fee: \$25.00