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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

SUPER RA	ANCHITO #2, LLC		
WOODELT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven Southwell		
		Name of Person	
	J. Steven Southwell, PA		
		Firm/Company	·
	502 W. Main Street		.5.
		Address	
	Wauchula, Florida 33873		
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notil	instian
For further information of	oncerning this matter, please c	•	togration) たう たう ::
Steven Southwell		863 773-4449	
Name o	f Person	Area Codc Daytime	: Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Super Ranchito #2, 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 operation of this Limited Liability Company were filed on the Florida document number of Liabon 15314

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

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

Enter Florida street address

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAFIK A ABDEL-HALIM	225 Georgetown Loop Wauchula, Florida 33873	
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			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
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-			
			☐ Remove
			☐ Change
	-		Add
			□ Remove
			Change

					
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ffective date, if other than an effective date is listed, the date iote: If the date inserted in thi ocument's effective date on the	s block does not me	ect the applicable	te of filing or more that statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	nt to 605,0207 t be listed as
e record specifies a dela The 90th day after the	yed effective da record is filed.	ate, but not ar	effective time,	at 12:01 a.m. on the	e earlier of
ated		2019			
	111				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00