

L 13000177375

Florida Department of State
Division of Corporations
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((H24000228063 3)))



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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON
 Account Number : 876376001555
 Phone : (803)255-9617
 Fax Number : (561)483-7321

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUPER INSURANCE GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

M. SOLOMON
JUL - 3 2024

Fax Audit No. H24000228063 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER INSURANCE GROUP, 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 DECEMBER 27, 2013 and assigned Florida document number L13000177375

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MEBO SIG, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2124 SW 67TH AVE.

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33155

Enter new mailing address, if applicable:

2124 SW 67TH AVE.

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33155

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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:

2124 SW 67TH AVE.

Enter Florida street address

MIAMI

Florida

33155

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

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

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