Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H16000146546 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone

: (407)932-0040

Fax Number

: (407)520-5473

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

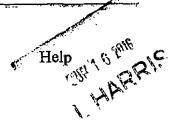
Emaîl	Address:_	Superarcpa	11c	<u>wamai</u>	1.60M
	_				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPER AREPA PEMBROKE PINES LLC

Certificate of Status	0
Certified Copy	0 .
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



ڢ

H 160001465463

COVER LETTER

TO:		itration Sec ion of Corp			
SUBJ	ኮሮሳ›	SUPER A	repa pembroke pines i	rc	
5 01 (i.			Name of Lim	ited Liability Company	
			mendment and fee(s) are sub	_	
Please	rctum a	ll concepon	dence concerning this matter	to the following:	
				EDUARDO L. GOMEZ	
				Name of Person	
			SUPER	R AREPA PEMBROKE PINES LL	.c
				Firm/Company	
			_	14306 SW 11TH ST	
				Address	
			P	EMBROKE PINES, FL 33027	·
			SUPERARE	City/State and Zip Code	
				o be used for future annual report noti	fication)
For fu	rther inf	ormation co	ncerning this matter, please ca	al:	
	EDU	ARDO L. G	ЮМЕХ	786 \$103467	
		Name of	Person	Area Code Daytim	c Telephone Number
Enclos	sed is a c	hock for the	following amount:		
\$2	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Foe & Cortified Copy (additional copy is enclosed)	CI \$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

H 160001465463

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER AREPA PEMBROKE PINES LLC				
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	ppears on our records.)	• • —		
The Articles of Organization for this Limited Liability Company were filed on	04/25/2014	ar	ıd assig	ned
Florida document number L14000067967				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan	v here:		,	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or t	he abbreviati	on "L.L.	C.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		SECS SCHIP SCHIP	16 JUN	**************************************
Enter new mailing address, if applicable:		<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)		- S. z.	S	. 3025-4
-			=	i ji
		<u></u> S	ب	Tanana Jana
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>en</u>	ter the n	eme, of	the new
Name of New Registered Agent:				. . ,
New Registered Office Address:	 			
Enter	Florida street address			
	, Florida		rodo.	
City		Zip	Coda	

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

MIRUUVUI4 65463

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>	Name	Address	Type of Action
MBRM	ALEXIS R. GOMEZ	14306 SW 11TH STREET	Add
		PEMBROKE PINES, FL 33027	Remove
			Change
			□ Add
			□ Remove
			Change
		-	D Add
			🗖 Remove
			☐ Change
			A SE REMOVE
		·	O Change
			Ramove
			Change
			□ Remove
			Change

H16UVU1465463

. At amending any other int	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
		 _
		
		
		
		 -
		<u></u>
·		
Note: If the date inserted in t	the date of filing: (optional) to must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ant to 605,0207 (3) t be listed as the
the record specifies a del) The 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	e earlier of:
Dated	2016	
	Ass	****
	Signature of a member of authorized representative of a member	
	EDUARDO L. GOMEZ	S D
	Typed or printed name of signee	्या
	Page 3 of 3	149:5t
	Filing Fee: \$25.00	43