

L14000119082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Gulligan OCT 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Remodeling + Design L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Simmons
Name of Person
Superior Remodeling + Design
Firm/Company
2716 3rd Court
Address
Palm Harbor, FL 34684
City/State and Zip Code
John19328@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Simmons at (727) 251-7663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 OCT 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Superior Remodeling & Design
(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 July 29, 2014 and assigned Florida document number L14000119082.

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 end with the words "Limited Liability 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)

2716 3rd Court
Palm Harbor, FL
34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2716 3rd Court
Palm Harbor, FL
34684

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:

N/A

New Registered Office Address:

2716 3rd Court

Enter Florida street address

Palm Harbor

City, Florida

34684

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MR.</u>	<u>John Simmons</u>	<u>MGR = Manager</u> <u>2716 3rd Court</u> <u>Palm Harbor, FL 34684</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

<u>MRS.</u>	<u>Dawn Simmons</u>	<u>675 Roanoke St</u> <u>Dunedin, FL 34698</u> <u>Manager = MGR</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MS</u>	<u>Dawn Simmons</u>	<u>675 Roanoke St</u> <u>Dunedin, FL 34698</u> <u>AMBR = member</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MR.</u>	<u>John Simmons</u>	<u>2716 3rd Court</u> <u>Palm Harbor, FL 34684</u> <u>AMBR = member</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Add

☐ Remove

☐ Add

☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: September 20, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 7, 2014

Dawn Simmons

Signature of a member or authorized representative of a member

Dawn Simmons

Typed or printed name of signee