## 14000119082

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

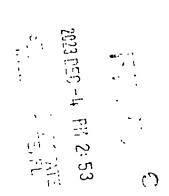
Office Use Only



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## **COVER LETTER**

Div	ision of Corpo	orations				
SUBJECT:	Superior Rem	nodeling & Design LLC				
SUBJECT.	Name of Limited Liability Company					
The enclosed	l Articles of Ai	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Jonathan Iannazzo-Simmo	ns			
Name of Person						
Superior Remodeling & Design						
	Firm/Company					
	1504 Bay Rd Apt C1510					
			Address			
		Miami Beach, Fl 33139				
	City/State and Zip Code					
		Jonjsimmons@gmail.com				
		E-mail address: (	to be used for future annual report notific	ation)		
For further in	nformation con	cerning this matter, please ca	all:		29	
Jonathan lai	nnazzo-Simmo	ns	727 685 6885 at ( )		23 05	0 ]
	Name of P	Person		Telephone Number		1
Enclosed is	a check for the	following amount:			2023 DEC -4 PH 2:	ָּנ <sup>י</sup>
<b>■ \$2</b> 5.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	67

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Remodeling & Design 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 \_\_\_\_\_ 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 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: Jonathan lannazzo-Simmons Name of New Registered Agent: 1504 Bay Rd APT C1510 New Registered Office Address: Enter Florida street address . Florida \_ <sup>33139</sup> Miami Beach

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	John Simmons	1504 Bay Rd Apt C1510	□Add		
		Miami Beach, Fl 33139	■Remove		
AMBR	Dawn Simmons	1504 Bay Rd Apt C1510	<b>=</b> Add		
		Miami Beach, Fl 33139	□Remove		
			□Remove		
			□Change □Add □Remove		
			☐ Change		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□Change		

If amending any other information	n, enter change(s) n	ere. Anach adai	иоти месы, у несе	ssur <sub>.</sub> v.j	
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the app	plicable statutory fi	(option more than 90 days after ling requirements, this	onal) filing.) Pursuant to 605.020 date will not be fixed a	; 07 (: as tł
e record specifies a delayed effective d rd is filed.	ate, but not an effectiv	ve time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after th	e
December 1	2023				
V C	A	 -\_1/	/		
	gnature of a member or a	authorized representat	ive of a member		
Jonathan lannazzo-Simmo		authorized representat	ive of a member		

Typed or printed name of signee