

L1500000290

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 16 PM 5:08
805 W. 91 ST.

APR 02 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Superbarkit, LLC

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:

Cindy Hughes

Name of Person

Superbarkit, LLC

Firm/Company

420 E. Pine Avenue

Address

Crestview, FL 32539

City/State and Zip Code

info@superbarkit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Hughes

at (850) 682-6145

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

FILED
MAR 15 PM 5:08
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Superbarkit, 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 1/13/15 and assigned Florida document number L15000007290.

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)

420 E. Pine Avenue
Crestview, Florida 32539

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

PO Box 326
Niceville, FL 32588

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:

Cindy Hughes

New Registered Office Address:

420 E. Pine Avenue

Enter Florida street address

Crestview

Florida 32539

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

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>
AMBR	Dudley, Weston	4633 Sunset Pointe	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
AMBR	Dudley, Jeff	4633 Sunset Pointe	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
SECRE	Patterson, Erin	420 E. Pine Avenue	<input checked="" type="checkbox"/> Add
		Crestview, FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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: _____ (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 March 13, 2015

Erin Patterson, secretary

Signature of a member or authorized representative of a member

Erin Patterson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
MAR 13 9 41 AM '15
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA