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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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Office Use Only



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SECTION AND SEED FL

SEP 0 4 2019

COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: Sup	Name of Limi	Group 11 C	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Enock B	On he wa Name of Person	
		Firm/Company	
	151 M NON	o bill Rd # 25	<u> </u>
	Plantatio	n 21 33324 City/State and Zip Code	<u> </u>
		to be used for future annual report noti	
For further information c	oncerning this matter, please ca	ill:	
Enock P Name o	O.C.L. Leur L'Person	at (<u>186</u>) <u>493</u> Area Code Daytim	- SS 2 S e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	图 \$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)
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	חו

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Seven Grandel Compa (Name of the Limited Liability Compa (A Florida Limited)	nov as it now appears on our records.)	
	,	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/28/201</u> 5	and assigned
Florida document number 15000074574	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	8201 Peters Ro	od Ste 100
(Principal office address MUST BE A STREET ADDRESS)	Plantation 71 3	35 4 19 A
		E 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
V P	Terrell Reid	ISIN NOW hill ed # 256	
		Plantation El 33324	_ ☐ Remove
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	08-20-19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00