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## **COVER LETTER**

TO:

Registration Section

Division of Co			
SUBJECT:	SUPERLA	TIVE CONSTRUCTION, LLC	
	Name of Li	imited Liability Company	_
The enclosed Articles o	f Amendment and f <del>ee</del> (s) are su	ubmitted for filing	
	ondence concerning this matte		
	ו	Thomas R. Young	
		Name of Person	_
	Sup	perlative Construction, LLC	
		Firm/Company	_
	993 (	Cedarwood Avenue	
		Address	_
	Dune	din, FL 34698	
		City/State and Zip Code	202 F
	<del></del>	erlativeconstructionIlc@gmail.com	A A
For further information c	e-mail address: oncerning this matter, please o	(to be used for future annual report notification)	AUS -3 LLAHA
THOMAS F		727 678-1306	
Name o	f Person	Area Code Daytime Telephone Number	er ;::::::::::::::::::::::::::::::::::::
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Address		Street Address:	
Registration S Division of Co		Registration Section	
P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street Suite 8	21∩

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERLATIVE C	ONSTRUCTION LLC	
	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa		and assigned
Florida document numberL16000077030		<i>&amp;</i>
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L.I.C"
Enter new principal offices address, if applicable:	_	
Principal office address MUST BE A STREET ADDRESS		2020 72
		55.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
AMBR	Brian C. Young	241 Duncan Loop W, #8-103, Dunedin, FL 34698	
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Effective date, if other than the date of filing:		44. B	
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document's effective date on the Department of State's records.	tory imag requirements, tr	ns date will not be liste	d as t
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e record specifies a delayed effective date, but not an effective time, at 12: rd is filed.	:01 a.m. on the earlier of: (	(b) The 90th day after	the
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Fignature of a member or authorized repte	esentative of a member	<del></del>	

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Filing Fee: \$25.00