116000124 103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900324698699

02/15/15--01018--007 **80.00

FEB 2.1 2019 S. YOUNG 19 FEB 15 PM 5: 48

COVER LETTER

SUBJECT: Supe	rior Marike Name of Limi		<u>/</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter (to the following:	
	Bret 1	Tettle 5 Name of Person	
	_ Superior	Marin Contra	ctors 1/C
	900 Buf	Talo RJ #Z	
		City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information cor	neerning this matter, please ca	ill:	
Bret Ne Name of T	++us Person	at (<u>407)</u> <u>257</u> Area Code Daytime	- 5 3 7 5 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:

TO: Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Superior the Limited	Machin Liability Compa Florida Limited I	e	acturs on our records.	: 1/	
The Articles of Organization for this Limited Liab		were filed on	Q/28,	<u>// (e</u> ar	nd assigned
Florida document number <u>LICOCO i 24</u>	103			<u> </u>	19
This amendment is submitted to amend the follow	ing:			는 11 같는	FEB 15
A. If amending name, enter the new name of the	he limited liab	ility company her	<u>e</u> :		. 5
The new name must be distinguishable and contain the word	acting is "Limited Light	Group ity Company," the des	ignation "LLC"	or the abbreviati	1
Enter new principal offices address, if applicab	de:	4938 T.	aylor (Crek	25
(Principal office address MUST BE A STREET)	ADDRESS)	Christm			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	4938 Ton	ylor C	rcek	7709
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records,	enter the n	ame of the
Name of New Registered Agent:					
New Registered Office Address:	4938	Taylor Enter Florid	Creek a street address	59	
	Chiist	-vva S City	Flor	rida 32 Zip	709 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 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 heing 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			🗆 Add
			Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			O Add
			☐ Remove
			□ Change

•	<u> </u>
(If an e Note:	tive 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 o e 90th day after the record is filed.
Datas	February 13. 2019.
Date	13. 1

Page 3 of 3

Filing Fee: \$25.00