## LITOUCUATZO

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D. SCOTT AUG 2 9 2017

## **COVER LETTER**

Division of Corpor	rations				
SHOUSET.	SUPERIO	R OFFICIAL, LLC			
SUBJECT:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Yves S, Morency			
		Name of Person			
	Superior Official, LLC				
	Firm/Company				
	83	241 NW 54th Street			
		Address			
	1.	auderhill, Florida 33351			
	City/State and Zip Code				
superiorofficial2121@hotmail.com  E-mail address: (to be used for future annual report notification)					
For further information cone			героп поинсации)		•
Yves S. M	-	305	896-8255		ب. س.
Name of Pe	rson	at () Area Code	Daytime Teleph	one Number	: -
					~; .
Enclosed is a check for the f	ollowing amount:				で: で: こ:
■ \$25.(B) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl		1 \$60,00 Filing Fee, [ - Certificate of Status & Certified Copy (additional copy is enclosed)	ر <u>.</u> -

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR OF	FFICIAL, LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 01/25/2017	and assigned
Florida document number 117000019720	<b></b> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		•
		<del></del>
B. If amending the registered agent and/or regis	tered office address on our records ent	ter the name of the ne
registered agent and/or the new registered office add		ter the name or the ne
		: "
Name of New Registered Agent:	N/A	···.
New Registered Office Address:	N/A	. 3
	Enter Florida street address	
<u></u>	, Florida	
	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. Thereby 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
MGR	Yves S. Morency	8241 NW 54th Street	<b>_</b>
		Lauderhill, FL 33351	□ Remove
			□ Change
	<del></del>	•	Add
			□ Remove
			□ Change
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	Please add the following EIN number: 82-2549514	
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		7
ective date, if	f other than the date of filing: (opti	onal)
effective date is	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after inserted in this block does not meet the applicable statutory filing requirements, this	
	tive date on the Department of State's records.	s date will live be fisted a
record speci	sifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier o
he 90th day	y after the record is filed.	
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Typed or printed name of signee

Filing Fee: \$25.00