# L17000 118668

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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11/21/17--01011--020 \*\*25.00



J. HARRIS

### **COVER LETTER**

| TO: Registration Section Division of Corporations  SUBJECT:   Name of Limited Liability Company  | IMI                | 2011 OEC |
|--|--------------------|----------|
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |                    | - 330    |
| Please return all correspondence concerning this matter to the following:  |                    |          |
| Sanchez Hughted  Superior Street Auto Group, LLC  Firm/Company   | ALLARAS E GERBE    | AM 1: 43 |
| 6350 E ROGES UN UNIT D   |                    |          |
| Sandez. hunter (2 Starto mu). ion  E-mail address: (tobe used for future annual report notification)   |                    |          |
| For further information concerning this matter, please call:   |                    |          |
| Sancte Hugh at 165-1189  Name of Person- Area Code Daytime Telephone Number  |                    |          |
| Enclosed is a check for the following amount:  |                    |          |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified (additional copy is enclosed)}\$\$ | e of Statu<br>Copy |          |

#### 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



November 22, 2017

SANCHEZ HUGHLEY 6350 E ROGERS CIR UNIT B BOCA RATON, FL 33487

SUBJECT: SUPERIOR STREET AUTO GROUP, LLC

Ref. Number: L17000118668

We have received your document for SUPERIOR STREET AUTO GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00023712

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Street Lute Crown LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

|   |   | Stallows                                       |                           |                  |               |
|---|---|--|---------------------------|------------------|---------------|
| The Articles of Organization for this Limited Liability Com   | npany were filed on   | 31/201   | and as                    | ssigne           | :d            |
| The Articles of Organization for this Limited Liability Con Florida document number 22-1752-37  | 7170001181  | 208  |                           |                  |               |
| This amendment is submitted to amend the following:   |   |  |                           |                  |               |
| A. If amending name, enter the new name of the limited  | d liability company he  | <u>re</u> :                                    |                           |                  |               |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the d   | esignation "LLC" or the ab                     | breviation "I             | L.C.             |               |
| Enter new principal offices address, if applicable:   |   |  |                           |                  |               |
| (Principal office address MUST BE A STREET ADDRES   | <u></u>   |  |                           |                  |               |
|   |   |  | ····                      | Proj             |               |
|   |   |  |                           | 17 <sub>22</sub> | •             |
| Enter new mailing address, if applicable:   |   |  | ·                         | <u>[-</u> ]      | <u>.</u>      |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |                           | <u> </u>         | <u>:</u>      |
|   | <del></del>   |  | -<br>2                    | <del>-</del> -   |               |
| B. If amending the registered agent and/or registered agent and/or the new registered office address  |   | our records, enter                             | the name                  | : <u>of</u> t    | <u>he new</u> |
| Name of New Registered Agent:   |   |  |                           |                  |               |
| New Registered Office Address:  |   |  |                           |                  |               |
|   | Enter Flor  | ida street address                             |                           |                  |               |
|   | City  | , Florida                                      | Florida Zip Code          |                  |               |
| New Registered Agent's Signature, if changing Registered A  | -   |  | nip Code                  |                  |               |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and community accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change. | d agree to act in this of aplete performance of at as provided for in C | my duties, and I am f<br>Chapter 605, F.S. Or, | amiliar wi<br>if this doc | ith an<br>umer   | ıd            |
|   |   |  |                           |                  |               |

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 **Title Address Type of Action** Name \_□ Change \_□ Add ☐ Remove \_\_ Change \_□ Add □ Remove ☐ Change □ Add □ Remove Change □ Remove Ŧ ☐ Change ☐ Add ☐ Remove

☐ Change

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| effective date is liste<br>te: If the date inse | ed, the date must be specific as<br>crited in this block does not | nd cannot be prior to date of<br>meet the applicable statt | filing or more than 90 days a<br>story filing requirements, | after filing.) Pursuant to 60, this date will not be lis | 05.020<br>sted a |
| ument's effective of                            | date on the Department of   | State's records.   |   |  |                  |
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|   | Signature of  | a member or authorized rep                                 | resentative of a member                                     |  |                  |
|   |   |  |   | C,   |                  |
| !   |   | Hickory  | 1   |  |                  |
|   | Sanchez   | Hugh (e e<br>Typed or printed name o                       | signee  | - S  |                  |
|   | Sanchez   | Typed or printed name o                                    | signee  |  | •                |

Filing Fee: \$25.00