# L17000 155766

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOFER MAY 0 9 2018

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### COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT:	Super F	Rack LLC	
<del></del>	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos M Felip	e	
		Name of Person	<del></del> -
	Super Rack LLC		
		Firm/Company	
	9900 NW 80th A	ve 4R	
		Address	
	Hialeah, FL 33016		
	11.50(2)	City/State and Zip Code	
	nvaldes70@gmail.ed	om to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	·	
Carlos M Felipe		786 346-9616 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed'is a check for t	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:

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

OF

SUPER RACI		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Jiability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.17000155366	were filed on07/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.LC."
Enter new principal offices address, if applicable:		SECT.
(Principal office address MUST BE A STREET ADDRESS)		NOF CO
		RPORAL STATE
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 Name of New Registered Agent:  New Registered Office Address:	g: Enter Florida street addre	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, c provided for in Chapter 605	and I am familiar with and [, F.S. Or, if this document is
If Char	nging Registered Agent, Signatur	e 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
President	Nelson D Valdes	3411 W 11 Ave, Hialeah, FL 33012	■ Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change

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Filing Fee: \$25.00