L17000161886

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ac | idress) | |
| | | |
| (Ac | ldress) | |
| (O: | (0) 1 (7) (0) | 70 |
| (Ci | ty/State/Zip/Phone | 9 #) |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | • |
| ` | , | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | ľ |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200309178412

200309178412 02/13/18--01012--006 **25.00

2018 FEB 13 AM ID: 42-4-8 FEB 13 AM ID: 42
SECRETARY OF STATE SECRETARY OF STATE
TALL AHASSEE, FLORID
TALL AHASSEE, FLORID

SIARAH.

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Superior Fonce + Deck LLC Name of Limited Liability Company | 2 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Tames P.Hs Name of Person | |
| 106 Ridgeland RD. Address | |
| Tallahassee, FL 32312 City/State and Zip Code | |
| E-man address: (to be used for future annual report notifi | cation) |
| For further information concerning this matter, please call: | ~1996 |
| | Telephone Number |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$continuous 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

| (Name of the Limited Liability Come | pany as it now appears on our records.) |
|--|---|
| (A Florida Limited | d Liability Company) |
| The Articles of Organization for this Limited Liability Compan | ny were filed on Aug. 2 and assigned |
| Florida document number 117000161886. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | ~ ~ |
| | |
| Enter new mailing address, if applicable: | FIL RETAR AHASS |
| (Mailing address MAY BE A POST OFFICE BOX) | mo p m |
| | FS 0 |
| B. If amending the registered agent and/or registered | office address on our records, enter the name of the new |
| registered agent and/or the new registered office address h | |
| | · |
| Name of New Registered Agent: | Name to the state of the state |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , 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, 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

| itle | <u>Name</u> | Address | Type of Action |
|------|---|------------------------|---|
| MGR | Caleb Golson | 2808 Nepal Dr. | 🖸 Add |
| | | Tallahassee, FL. 32303 | □ Remove |
| | • | | ٠., |
| | | | Change |
| · . | | | D Add |
| · | · | | Remove |
| | | | Change |
| | | | □ Add |
| | | | . □ Remove |
| | | · . | Change |
| | | · - | |
| | - · · · · · · · · · · · · · · · · · · · | | 🗆 Remove |
| , | | • • | Change |
| | · . | | • |
| | | | Add ASE CREETA |
| , | | | ASSET |
| | • , | | 13 gall 10: 42 NRYGOF STATE SSEE, FLORIO |
| | | · : | Remove |
| | | | □ Change |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| | <u> </u> | · | | | | . , | · | | | . |
|--------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|-------------|--------------------------------------|---------------------------|---|---------------------------------------|----------------------|
| | <u> </u> | Miles, a | | | <u>.</u> | | | | · · · · · · · · · · · · · · · · · · · | _ |
| | | | | | | | | | | - |
| . | <u> </u> | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | · | | |
| . | · · · · · · · · · · · · · · · · · · · | · . | | | | · | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | · | | <u>.</u> | : · | , , , , , , , , , , , , , , , , , , , | · · |
| <i>,</i> – | <u>.</u> | <u> </u> | · · · | | <u> </u> | <u> </u> | <u>.</u> | | | _ |
| | | | | | | | | | | |
| effe <u>te:</u> | ctive date is 1 If the date in | other than t listed, the date r ascreed in this we date on the | nust be speci block does | fic and cannot not meet (| he applicab | date of filing or all statutory fili | more than 90 ong requirem | (optional days after filin ents, this dat | g.) Pursuant to (| 605.0207 isted as |

Page 3 of 3

Filing Fee: \$25.00