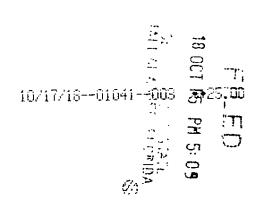
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: At D Supenor Trading UC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alberta Rerre
Name of Person A + D Covorcion To Live 11 (
A & D Superior Tradity UC. Firm/Company
361 WW 16 Place
Pompano Beach Florida 33060
Remail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alberta Pierre at (754) 265-2474 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited Liability Com	phny as it now appears on our	records.)	
(A Florida Limite The Articles of Organization for this Limited Liability Comparting document number 18000191833			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<u>. </u>	0
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- Tax
		ウェー ****:	5: 0
		64	₩
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our r tere:	records, <u>énter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	_
		. Fiorida	
	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

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

Type of Action Title <u>Address</u> Name. Alberta Pierre 361 NW 16 Place MGRM M Add Pomparo Beach Fl 33060 □ Remove □ Change 361 NW 16 Place Daniel Woods MGRM D Add Pompano Beach F1 33060 ☐ Remove ☐ Change Ç ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

	
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Page 3 of 3

Filing Fee: \$25.00