

L18000248056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

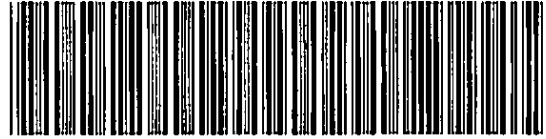
(Document Number)

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2021 APR 29 PM 3:10

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APR 29 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPERIOR STREET AUTO GROUP OF CORAL SPRINGS LLC  
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:

ANN MCCOWAN  
Name of Person  
A.C. MCCOWAN CPA P.L.L.C.  
Firm/Company  
1500 BAY ROAD UNIT 1102  
Address  
MIAMI BEACH FL 33139  
City/State and Zip Code  
ANN@ACMCCOWANCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN MCCOWAN  
Name of Person at (305) 4917638  
Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2018 APR 29 PM 3:11

SUPERIOR STREET AUTO GROUP OF CORAL SPRINGS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/15/2018 and assigned Florida document number L18000248056.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SUPERIOR STREET AUTOMOTIVE GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

127 NW 13TH STREET

*(Principal office address MUST BE A STREET ADDRESS)*

SUIT 6

BOCA RATON FL 33432

Enter new mailing address, if applicable:

127 NW 13TH STREET

*(Mailing address MAY BE A POST OFFICE BOX)*

SUIT 6

BOCA RATON FL 33432

**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 here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

*City*

, Florida

*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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JACQUELINE JONES	127 NW 13TH STREET STE 6	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARTOLO DELANO	7830 WILES RD	<input type="checkbox"/> Add
		CORAL SPRINGS FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 02/16/2021 (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 16, 2021

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Delano Bartolo

Typed or printed name of signer

Filing Fee: \$25.00