L18000248056

(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	reet Automotive Group, LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ANN MCCOWAN	
		Name of Person
	A.C. MCCOWAN CPA L	.IC.
		Firm/Company
	1500 BAY ROAD UNIT I	1102
		Address
	MIAMI BEACH, FL 3313	9
		City/State and Zip Code
	ANN@ACMCCOWANCP	
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please c	all:
ANN MCCOWAN		all: 305 491-7638
Name o	f Person	Area Code Daytime Telephone Number 75
		· - : : : : : : : : : : : : : : : : : : :
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632	! /	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR STREET AUTOMOTIVE GROUP, LLC

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

	(A Florida Limited Liability C	ompany)	
The Articles of Organization for this Limited L. Florida document number 1.18000248056		ed on 10/15/2018	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability con	npany here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Comp	any," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<u>_</u>
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			202
		Enter Florida street address	Zip Chite
	City	, 1 101101	Zip Chile
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete perforn stered agent as provided registered office addres:	t in this capacity. I further ay nance of my duties, and I am I for in Chapter 605, F.S. Or	gree to comply with the famili ar with and , if this document is

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
MGR	JACQUELINE JONES	127 NW 13TH STREET STE 6	🗀 Add
		BOCA RATON, FL 33432	■Remove
			□ Change
			□Add
			Remove
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cord specifies a delayed ; filed.	effective date, b	at not an effect	tive time, at	12:01 a.m. on t	he carlier of: (b) The 90th	day afte	er the
ed		2021						
	Signatur	c of a member of	r Anthorized re	presentative of a	member			