

L19 000067856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

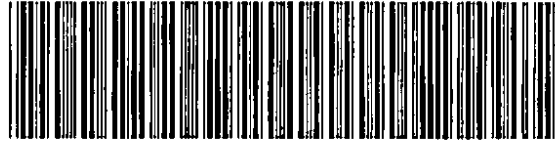
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 15 2020

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Super Exitos LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norma Granado  
Name of Person

Super Exitos LLC  
Firm/Company

20201 NE 29 CT Apt D-110  
Address

Aventura FL 33180  
City/State and Zip Code

NGranado@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma Granado at ( 786 ) 991-4391  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Super Exitos LLC

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

Articles of Organization for this Limited Liability Company were filed on

8/15/2019

Florida document number

L190000067856

This amendment is submitted to amend the following:

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

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:

Principal office address MUST BE A STREET ADDRESS)

20201 NE 29 CT Apt D-110  
Aventura FL 33180

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

20201 NE 29 CT Apt D-110  
Aventura FL 33180

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:

Norma Granado

New Registered Office Address:

20201 NE 29 CT Apt D-110

*Enter Florida street address*

Aventura

Florida

33180

*City*

*Zip Code*

By 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

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

MR = Manager

MBR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1BR Norma Granado	20201 NE 29 <sup>th</sup> Ct Apt D/110	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
	20201 NE 29 Ct Apt D/110	<input checked="" type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing president to AMBR

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TALLAHASSEE, FL

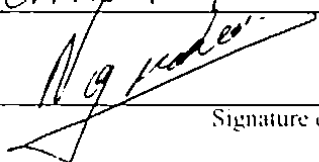
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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.

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 December 9, 2019



Signature of a member or authorized representative of a member

Norma Granado

Typed or printed name of signee