19000121393

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COVER LETTER

TO: Registration : Division of C				
SUBJECT:	Superior Cred	Services ited Liability Company	LLC	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	<u> </u>	ock Bonheur Name of Person		
	Superiror	Creclit Se	ervices LLC	
	<u>1951</u> SW	6th Street,	# 107	
	Plantation F	City/State and Zip Code	, 24	
	E-mail address: (t	to be used for future annual	report notification)	
For further information	concerning this matter, please ea	ill:		
Enck Name	Bonheur	at (<u></u>	473 - 5525 Daytime Telephone N	umber
Enclosed is a check for	the following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	Cer closed) Cer	00 Filing Fee, nificate of Status & tified Copy itional 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

Supernor Credit (Name of the Limited Liability Com	Services LC upany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000121393</u> .	ny were filed on <u>05-06-201</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>		
The new name must be distinguishable and contain the words "Limited Lia	ability Company " the designation "I. I. C" or th	ne abbreviation "L.1. C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	no change on addiess	• 🗝
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		## FF 8: 39
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, enter the n	
	hange - skup the som	<u>e </u>
New Registered Office Address:	Enter Florida street address	
	, 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:

	No change
MGR = Manager	100 00 0
AMBR = Authorized Member	5

<u>Title</u>	Name	Address	Type of Action
			□Add
		 	□ Remove
		 	
			□Add
		□Remove	
			Change
			□∧dd
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change

		
fan effectiv <mark>Note:</mark> If th	date, if other than the date of filing:	.0207 (:d as ti
record sped is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	April 11th 2024.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00