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COVER LETTER

'TO: Registration Section Division of Corporations	
SUBJECT: Superior Off	Road LLC
Q Name of Enimed Li	aonny Company
The enclosed Articles of Amendment and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	following:
Justice	Santella Name of Person
Superio	Firm/Company
110 NE	2nd Plu #409
	Coral P 33709 //State and Zip Code
Justice S	@ 772 KICK. COM sed for future annual report notification)
For further information concerning this matter, please call:	
Lecla Gantella Name of Person	at (239) - 897 - 0180 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ 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:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 d11d11d35CC, 1 & 32514	2

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior 1	Of Road LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L19000213608}{}$.	ny were filed on August 21, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	7070 J
Enter you welling address if applicables	±
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey John Santella	16511 Sanctuay Estato D	_ DX√dd
	July South	16511 Sanctuay Estato D Cape (Oral Fi 33993	🗆 Remove
	, ,		□Change
**************************************			□Add
			□Remove
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			□Add
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			□Change
			□Add
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			🗆 Change
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			Change
/		/	□ Add
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/	/		□Change

	<u>N_/A</u>
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an effec ote: If	the date, if other than the date of filing: 12 12019 (optional)
record : is filed	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
ated	12/27/19
	Signature of a member of authorized representative of a member Justice Santolia Agent Superior Off Road La Typed or printed name of signee