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JAN 2 8 2021 S. YOUNG

COVER LETTER

Division of Corp	orations			
Superior Len				
SUBJECT:	Name of Limi	ted Liability Company		·
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for tiling.		
Please return all correspon	dence concerning this matter	to the following:		
	Gartield Barnes			
		Name of Person	,	
		Firm/Company		
	1242 SW Dalton Ave			
		Address		
	Port Saint Lucie, FL 34953			
		City/State and Zip Code		
	psxtransport@gmail.com			
	E-mail address: (to be used for future annual	report notification)	
For further information col	ncerning this matter, please ca	ıll:		
Garfield Barnes			1-6407	
Name of	Person	at () Area Code	Daytime Telepho	ne 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 enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	<u>.</u>	Street Ac	idress:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Superior Lending LLC		- CB 657 72
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000302935	were filed on 10/15/2020	and assigned!
This amendment is submitted to amend the following:		06
A. If amending name, enter the new name of the limited liab	ility company here:	
Superior Lifeline LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1242 SW Dalton Ave	
Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie FL, 34953	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1242 SW Dalton Ave Port Saint Lucie FL, 34953	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	Tioria	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	Garfield Barnes	1242 SW Dalton Ave	
		Port Saint Lucie FL, 34953	□Remove
			□Change
			□∧dd
			□Remove
			□Add
			☐ Remove
			□Change
			□Add
			□Remove
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			Remove
			☐ Change
			
			□Remove
			□ Change

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in effecti ote: If	e date, if other than the date of filing:
ecord s is filed.	
	3
ated	<u>Derember 17th . 2020</u> . G. Bornes
ited	December 7th 2020. G. Bornes Signature of a member or authorized representative of a member