## K21000103322

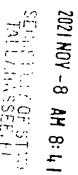
(Requestor's Name)
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## COVER LETTER

TO:

TO: Registration Se Division of Cor		,	
	SUDFO SI	NTES LLC	•
SUBJECT:		ted Liability Company	<del></del>
m 1 1 1 1 6	A 1 1 for (a) and a the	uittad fan Glina	
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter t	o the following:	
	Briona S.	Williams	
		Name of Person	
	Super Suit	es LIC	
	Super Suit	Firm/Company	
	ILINS N AUST	ralian Avenue	•
	1-100 14 11001	Address	<del></del>
	1. Vanto Dalas	Book Finid	0 33(11)
	WEST PAIN	Beach, Florid	
	contacta	-	p —
	E-mail address: (t	SUPER SUITES No be used for future annual report notion	fication)
For further information of	oncerning this matter, please ca	ıll:	
Busse 6	Williams	602 1118-	772(°
Name o	WILLIAMS of Person	at ( <u>833</u> ) 448 - Area Code Daytim	ne Telephone Number
		·	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 Addre Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 633	-	Division of Co The Centre of 3	
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER			
(Name of the L	imited Liability Company	y as it now appears on our records.)	
<del></del>	(A Florida Limited Li	ability Company)	

The Articles of Organization for this Limited Lial Florida document number <u>L210001033</u>	bility Company were filed o	n <u>D3 03 2</u>	021 and assig	дned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability compar	ıy here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	the designation "LLC" or the	he abbreviation "L.L	.C."
Enter new principal offices address, if applical	ble:	<u> </u>		
(Principal office address MUST BE A STREET	ADDRESS)		<del>- 16 20</del>	
			AND YOUR	
Enter new mailing address, if applicable:			3 2	
(Mailing address MAY BE A POST OFFICE B	<u></u>		<i>9.9</i> ₹	
			<del></del>	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		our records, enter the I	name of the new	re <b>gis</b> ter
Name of New Registered Agent:	Briona S	-		
New Registered Office Address:	1405 N. AUS Ente	er Florida street address	enue_	
	West Palm Ba	Coh Florida	a 33401 Zip Code	
Nam Desistand Agent's Signature if shanging D	·		_4 -3	

## 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 to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

AMIDIC - A	tutiloi izea ivienibei		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Briona Williams	1405 N. Australian Avenu	<b>№</b> □Add
		West Palm Beach Fl. 330	-10   Remove
		1405 N. Australian Avenue	
AMBR	Lamonte Williams	West Palm Beach, FL 331	10/12/Add
			□ Remove
			🗆 Add
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Note: If the	ate, if other is date is listed, the date inserted effective date	in this blo	ck does not	t meet the a	pplicable st	of filing or natutory filin	ore than 90 d g requireme	_ (optional ays after filin nts, this dat	) g.) Pursuant to 6 e will not be li
he record spe ord is filed.	cifies a delaye	d effective	date, but n	ot an effect	ive time, at	12:01 a.m.	on the earlie	erof:(b)	The 90th day at
Dated	1)	3		<u>, 2</u> 6	21.	<del>~</del> -			
			B	3h	els		$\sum$		
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