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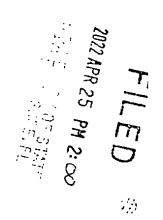
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C. BRUMBLEY
JUN 2 1 2022

COVER LETTER

Division of Corporations SUPERIOR MANAGEMENT SERVICE FL LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code efloridas@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **☎** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section

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

TO:

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 MANAGEMENT SERVICE FL LLC

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

(A Florida Limited Liabil	lity Company)
The Articles of Organization for this Limited Liability Company were Florida document numberL21000470473	re filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Superior Management Pros	s LLC
The new name must be distinguishable and contain the words "Limited Liability Co	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	22 APR
	25 P
Enter new mailing address, if applicable:	100 % D
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name of the next registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Designand Asset's Cinnature if changing Designand Assets	пр спис

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sowoya Ellia Valliere	1120 Roseday Ave	□ Add
		fort Pierce FL, 34982	[]/Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing:
cord is file	
Dated _	2022 Efray L Plaidas Signature of a member or authorized representative of a member Efrayim Floridas Typed or printed name of signee
>	Signature of a member or authorized representative of a member
	Efrayim Floridas Typed or printed name of signee

Filing Fee: \$25.00