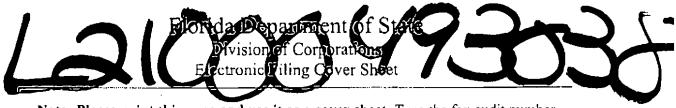
3/7/22, 11:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000085832 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

			4		_
-ma	1.1	Add	are	5.5	:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUPER STATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

MAK U8 2022

COVER LETTER

	vision of Cor				
SHR ISCT	SUPER STATE LLC				
SO HABOLT		Name of Limited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	endonce concerning this matter	to the following:		
		FREDDY A RAMIREZ			
			Name of Person	****	
		SUPER STATE LLC			
			Firm/Company		
		3121 ARROW DR			
			Address		
		KISSIMMEE FL 34746			
			City/State and Zip Code		
		admin@usarmlogistics.com	to be used for future annual report notif	(cation)	
For further	information c	oncerning this matter, please c	·	realist,	
		oncerning this matter, presse c			
—·	Name 2	f Person	832 434-8926 at () Area Code Daytime	Telephone Number	
	(Vallio U	1 1 erson	Area Code Onymine	- reiophione resimilar	
Enclosed is	a check for th	he following amount:			
\$25.00	Piling 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 (edditional copy is enclosed)	
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section Corporations 27	Division of Corp The Centre of T 2415 N. Monroe	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

SUPER STATE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records, inbility Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000493038</u>	were filed on 11/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter f</u>	ic name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	20	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper und complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, R	I am familiar with and S. Or, it is document is the limited limitity

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>	Name	<u>Address</u>	Type of Action
AMBR	AKMALKHUJA A AKRAMKHODJAEV	3121 ARROW DR	⊟Add
		KISSIMMEE FL 34746	□Remove
			Change
			Change
			□Add
			□Remove
			□Change
	<u> </u>		
		<u> </u>	□Remove
	<u> </u>		
		·	Remove
			Change
			□Add
			□Remove

- , 		
-		
		
		· · · · · · · · · · · · · · · · · · ·
		
		<u> </u>
Note: If the date inserted in this	ne date of filing: sust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as th
he record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated 3/7		
Treddy !	Signature of a member or authorized representative of a mer	mber
FREDDY A RAMIR	:7	

Filing Fee: \$25.00