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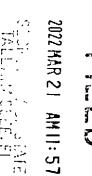
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Superior Aulos of Florida LLC 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:
Darrius R. Mills Name of Person
Superior Autos of Florida LLC Firm/Company
32 18 West lake Dr Address
Fort Pierce, £1 34982 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darrius Mills at (772) 241 - 8294 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee ○ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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.

To	O
ARTICLES OF O	ORGANIZATION F OF Flue ida Lice Angles Ty as it now appears on our records.
0	F S Map S CA
	27 € 1
Superior Autos	of Phonds 118 My
(Name of the Limited Liability Compar	iv as it now appears on our records.)
(A Florida Limited L	iability Company)
	77
The Articles of Organization for this Limited Liability Company	were filed on rebay 14, 2072 and assigned
Florida document number <u>L22 000072437</u> .	
This are a larger to the size of a consequent of the size of	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company " the designation "LLC" or the abbreviation "LLC"
The feet many control of the control	
Enter new principal offices address, if applicable:	2303 US HW/1 Soite R19
(Principal office address MUST BE A STREET ADDRESS)	tort Dierce, Fl
	34946
	7 a 2 V 12 - 112
Enter new mailing address, if applicable:	Pr 0: 15045
(Mailing address MAY BE A POST OFFICE BOX)	tort pierce, x1
	34981'
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
xx x	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

Enter Florida street address

_. Florida __

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
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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Signature of a member of authorized representative of a member (optional) (o									
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