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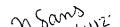
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	•

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COVER LETTER

Division of Corpe	orations		
SUBJECT: Super	for Painting Name of Island	at Yur Ser	vice LLC.
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Johny	BenHez Name of Person	
		Firm/Company	
	1100 YAK	Address	
	BRADENTON	Address V F1. 3420 City/State and Zip Code)7
		o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	II:	
Johny I	Den itez Person	at (94) 59% Area Code Daytim) - 6494 e Telephone 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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

Registration Section

TO:

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

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Torida document number <u>L22000112</u>	ability Company were filed on $\frac{2 122}{180}$ and assigned $\frac{180}{180}$.
his amendment is submitted to amend the follo	owing:
If amending name, enter the new name of Simply Superior Exherned and contain the work name may be distinguishable and contain the work.	The limited liability company here: NHERPRISES LLC. ords "Linited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic: Principal office address MUST BE A STREE	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u>	BOX)
 If amending the registered agent and/or regent and/or the new registered office addres 	egistered office address on our records, <u>enter the name of the new regis</u> is here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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			□ Add
			□Remove
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SimplySup	erior 18	swgm o	W. Wm		
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				(
tive date, if other than the flective date is listed, the date mu If the date inserted in this b ment's effective date on the I	ist be specific and c lock does not me	cannot be prior to date set the applicable s	of filing or more than	(optional) 190 days after filing.) Purements, this date will	rsuant to 605.020 I not be listed a
rd specifies a delayed effecti îled.	ve date, but not a	in effective time, at	12:01 a.m. on the	earlier of: (b) The 90)th day after th
7/25/22					
1161/66					
		•			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00