

L22000218238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

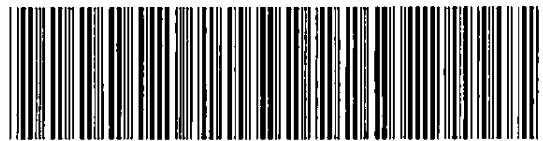
(Business Entity Name)

(Document Number)

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H. SAMUEL PRIM, III
LAUREN DONALDSON



PRIM•MENDHEIM
ATTORNEYS AT LAW

R. CLIFF MENDHEIM
MORGAN P. HOGGLE

*ALSO LICENSED IN FLORIDA,
GEORGIA & MISSISSIPPI

† ALSO LICENSED IN TENNESSEE
* ALSO LICENSED IN FLORIDA

October 7, 2024

Florida Secretary of State
Attn: Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Super Station 4, LLC, FL #L22000218238

Dear Sir/Madam:

Please find enclosed our firm's check in the amount of \$25.00 along with the original and one copy of the Articles of Amendment for Super Station 4, LLC for filing with your office. I have also enclosed for your convenience, a pre-addressed postage paid envelope to return a filed stamped copy to my office.

Should you have any questions or need any further information from me, please let me know.

Sincerely,

Becky L. Shiples, Paralegal
For Morgan P. Hoggle

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPER STATION 4, 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:

Nirav Chaudhari

Name of Person

Super Station 4, LLC

Firm/Company

2913 Country Club Lane

Address

Lynn Haven, FL 32444

City/State and Zip Code

niravkc381@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nirav K. Chaudhari

682 808-3793
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Super Station 4 LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/19/2022 and assigned
Florida document number L22000218238.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMGR	Shreepal Parikh	913 Beal Pkwy NW, Ste A215	<input type="checkbox"/> Add
		Ft. Walton Beach FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Nirav Chaudhari, Member

Filing Fee: \$25.00