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DIVISION OF CORPORATIONS

Y. SCOTT 0CT - 7 2023

COVER LETTER

TØ:

TO: Registration So Division of Co				
SUBJECT:	1 Superior (Group LLC		
,	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cristian 3	Sagnoli Name of Person		
	A1 Super	Firm/Company		SE
	8544 JR M	lanor Dr Address		FILEC CRETARY O ION OF COM
	tampa FL	City/State and Zip Code		D OF STATE RPDRATIONS
	A1 Superior (E-mail address:	orcup@Gmail.Ccm to be used for future annual report notif		그
For further information c	concerning this matter, please c	all:		
	AGNOL Person		1732 Telephone Number	-
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee ✓	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addres Registration S		Street Address: Registration Sec	tion	
Division of C	orporations	Division of Corp	oorations	
P.O. Box 632		The Centre of Ta		
Tallahassee, l	<u> じに 52514</u>	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

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

A1 Duperion Group		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	·
The Articles of Organization for this Limited Liability Company were	filed on <u>01/23/2023</u>	and assigned
Florida document number <u>L </u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability o</u>	company here;	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	WA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	5623 S
(Mailing address MAY BE A POST OFFICE BOX)		EP 2
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, <u>enter the name</u>	5 OR CENT PH CENT registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:	ity	Zip Code
Ach Registered Agent's Signature, it changing Registered Agent;		

Thereby 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.

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>	Address	1	Type of Action
MGR	Jason Muñez Co	pele	4624 Southbreae	_ □Add
		Dr	4624 Southbreame tampa FL 33624	_iX.Remove
		-		_ □Change
				_ □Add
				_ □Remove
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			2023 SEP 25	,~ ,LU
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(If an e	ffective date is li	other than the d isted, the date must b iserted in this bloc	e specific and	cannot be prior	to date of fili	ng or more than S	00 days afte	r filing.) Pursi	uant to 605,020
		ve date on the Dep				y ming require	anems, m	is date will i	iot be fisted a
If the record is		delayed effective	date, but not	an effective ti	me, at 12:01	a.m. on the ea	ırlier of: (l) The 90th	h day after the
	/	/-							
Dated	ı 09/ 2	1/2023) .		<u> </u>				
Date			· · · · · · · · · · · · · · · · · · ·						
Date									

Filing Fee: \$25.00