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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ANDERSON BUSINESS ADVISORS
Account Number : I20230000109
Phone : (800)706-4741
Fax Number : (702)664-0545

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

Email Address: ra@andersonadvisors.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUPERIOR CRANE AND RIGGING, LLC**

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T. LEMIEUX
JUN 20 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUPERIOR CRANE AND RIGGING, 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:

To: _____
 Name of Person
 From: _____
 Firm/Company
 3225 McLeod Dr, Suite 100
 Address
 Las Vegas, NV 89121
 City/State and Zip Code
 ra@andersonadvisors.com
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoe Doyle _____ at (800) _____ 706-4741
 Name of Person Area Code Daytime 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 (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

SUPERIOR CRANE AND RIGGING, 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 02/13/2023 and assigned
Florida document number L23000068584

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:

3225 McLeod Dr, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Las Vegas, NV 89121

Enter new mailing address, if applicable:

3225 McLeod Dr, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Las Vegas, NV 89121

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

STATE OF FLORIDA
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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

