123000094593

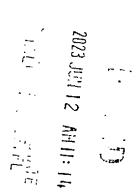
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (//ou/c33) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Coount Not Not) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



300410176633

1 11 - 1007 - 007 002 . DO



y mahana

COVER LETTER

Registration Section

Division of Corporations

Tallahassec, FL 32314

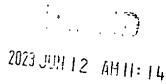
TO:

| | R MATERIALS GROUP LLC | | |
|-------------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | TRACY CHAPPELL | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2775 NW 49TH AVE, STI | E 205 PMB 405 | |
| | | Address | , , , , , , , , , , , , , , , , , , , |
| | OCALA, FL 34482 | | |
| | | City/State and Zip Code | |
| | TRACY@ADVENTURES E-mail address: (| Tr.COM to be used for future annual report noti | fication) |
| For further information of | oncerning this matter, please co | • | , |
| TRACY CHAPPELL | | 352 572-4384 | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration | | <u>Street Address:</u> Registration Se | ction |
| Division of C | corporations | Division of Cor | porations |
| P.O. Box 632 | 27 | The Centre of T | `allahassec |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| SUPERIOR MATERIALS GROUP LLC | | |
|---|---|--|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | Marie The State of |
| The Articles of Organization for this Limited Liability (| Company were filed on 02/22/2023 | and assigned |
| Florida document number L23000094593 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, enter the | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | 1 |
| | , Floric | 1 a |

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> | Address | Type of Action |
|--------------|-------------------|------------------------------------|----------------|
| MGR | Pedersen, Shown W | 2775 NW 49TH AVE, STE 205, PMB 405 | □Add |
| | | OCALA, FL 34482 | ≣Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | □Rcmove |
| | | | □Change |
| | | | □Add |
| | | | □Rетюче |
| | | | |
| | | | []Add |
| | | | □Кеточе |
| | | | □Change |

| | · · · · · · · · · · · · · · · · · · · |
|---------------------|---|
| | |
| | |
| | |
| | |
| Effec | tive date, if other than the date of filing: (optional) (flective 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 |
| (If an e | flective 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 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
| | |
| | and a second about the second as the second of the second |
| ne reco ord is t | ord 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 filed. |
| | |
| | , MARCH 27TH 2023 |
| n . | · |
| Date | |
| Date | |

Typed or printed name of signee