## L23000457806

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Ms. Lüset Garcia us
requesting to have name Changed to "Super on Cobinsty & Grante UC". Changed
& Grante UC". Changed

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpo		*	
SUBJECT: SUPE	7.05 <u>COSPec</u> Name of Lim	Ary Ond Granite  ited Liability Company	Lic
	nendment and fee(s) are sub lence concerning this matter		
	Lisse	Name of Person	
	S41207 CO	Firm/Company	ile LLC
	2101 NW	ZZ P Address	
	Cape Cosal	City/State and Zip Code	<u> </u>
For further information con	E-mail address: (	to be used for future annual report notif	ication)
Name of Po	05C;a	at ( <u>739.) 244 - i</u>	1297 Telephone Number
Enclosed is a check for the	following amount:		,
□ \$25.00 Filing Fee	S30.00 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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



November 2, 2023

LISSET GARCIA SUPERIOR CARPENTRY AND GRANITE LLC 2101 NW 22 PL CAPE CORAL, FL 33993

SUBJECT: SUPERIOR CARPENTRY AND GRANITE LLC

Ref. Number: L23000457806

We have received your document for SUPERIOR CARPENTRY AND GRANITE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00025541

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suferior Co (Name of the Limited)	Liability Company as it now appears on our records.)  Fiorida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>VIO4   7023</u>	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
SUPERIOR CABINETRY	AND GRANITE LLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		PO23 NO
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)	OX)	OVIL PH 1: 02
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the r</u> <u>here</u> :	name of the new registered
Name of New Registered Agent:	Gascia, Lisset	
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 Type of Action Address Title Name \_\_\_\_\_ □Remove \_ □ Change \_\_\_\_\_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_ Change 

\_\_\_\_\_ Change

## Page 2 of 3

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ASSET LE	
PH PH	Tr.
	C
E. Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(b ed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb). The 90th day after the record is filed.	er of:
Dated November 6, 2023	
Signature of a member or authorized representative of a member	
Typed or printed name of signec	

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