

L24000011034

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

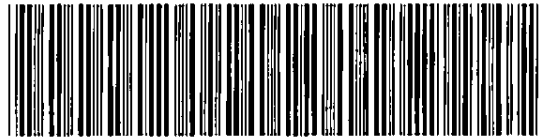
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FILED
2024 JUN 26 PM 12:53
TALLAHASSEE, FL
SEC. OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Travel Network 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:

Salicrup, S. Charles

Name of Person

Superior Travel Network

Firm/Company

7061 Grand National Dr Ste 105-1

Address

Orlando, FL 32819

City/State and Zip Code

Info@superiortravelnetwork.com

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

For further information concerning this matter, please call:

Salicrup, S. Charles

321 at ()

200-3373

cell

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

KINDLY EXPEDITE
Changyue

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

Superior Travel Network 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 01/08/2024 and assigned
Florida document number 12-4000017034.

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:

Salierup, S. Charles

New Registered Office Address:

7061 Grand National Dr Ste 105-1

Enter Florida street address

Orlando

City

Florida 32819

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Mr. Lloyd S Katz had died. The corresponding certificate is attached.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: June 20th, 2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 20th 2024

J. Charles Lewis
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Salierup, S. Charles

Typed or printed name of signee

STATE OF FLORIDA

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024105764

DATE ISSUED: JUNE 19, 2024

DECEDENT INFORMATION

DATE FILED: JUNE 19, 2024

NAME: LLOYD SAMFORD KATZ

DATE OF DEATH: JUNE 15, 2024

SEX: MALE

AGE: 086 YEARS

DATE OF BIRTH: JANUARY 20, 1938

SSN: ***-**-1977

BIRTHPLACE: NEW YORK, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: REHABILITATION CENTER

FACILITY NAME OR STREET ADDRESS: BUFFALO CROSSINGS HEALTHCARE & REHABILITATION CENTER

LOCATION OF DEATH: THE VILLAGES, SUMTER COUNTY, 32162

RESIDENCE: 11750 NORTHEAST 62ND TERRACE APT NO. 152, LADY LAKE, FLORIDA 32162, UNITED STATES

COUNTY: SUMTER

OCCUPATION INDUSTRY: VICE PRESIDENT, FINANCIAL

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: DIANE SCHMELTZ

FATHER'S/PARENT'S NAME: LOUIS KATZ

MOTHER'S/PARENT'S NAME: SOPHIE SOMMERS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DIANE KATZ

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 11750 NORTHEAST 62ND TERRACE APT NO. 152, LADY LAKE, FLORIDA 32162, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN R. FERGUSON, F060590

FUNERAL FACILITY: BALDWIN BROTHERS - THE VILLAGES F559325

1008 BICHARA BOULEVARD, THE VILLAGES, FLORIDA 32159

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MONARCH CREMATORY
OCALA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1320

DATE CERTIFIED: JUNE 18, 2024

CERTIFIER'S NAME: FEDERICO AUGUSTO MONTALVO BISONO

CERTIFIER'S LICENSE NUMBER: ME103500

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes

STATE REGISTRAR

REC: 2026636830

WARNING



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CERTIFICATION OF VITAL RECORD

