

2/26/2021  
M210000808253  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
File First: H210000808253  
File Second: H210000808363

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000080836 3)))



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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUPERIOR FLS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

**FILE SECOND - AFTER:**  
**H21000080825 3**

RECEIVED  
MAR 1 2021 7:01 AM

2021 MAR -1 PM 5:30  
FILED  
CLARK COUNTY, FLA  
SOLICITOR GENERAL

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Superior FLS, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M21000001349

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/02/2021

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Superior Fire & Life Safety, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

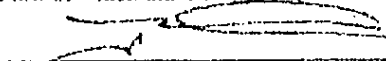
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Mike McLeod	11840 Lacy Lane	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
President	Edgar Blanco	11840 Lacy Lane	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
Sec/Treas	James Hlikman	11840 Lacy Lane	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

James Hlikman

\_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SUPERIOR FLS, LLC", CHANGING ITS NAME FROM "SUPERIOR FLS, LLC" TO "SUPERIOR FIRE & LIFE SAFETY, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2021, AT 1:28 O'CLOCK P.M.

FILED  
2021 MAR -1 PM 5:30  
DELAWARE SECRETARY OF STATE



4838010 8100  
SR# 20210677999

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202608643  
Date: 02-26-21

**FILED**

2021 MAR -1 PM 5:30

DELAWARE DIVISION  
FALLABASS, FLORIDA

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
SUPERIOR FLS, LLC**

\*\*\*\*\*

This Certificate of Amendment to the Certificate of Formation of Superior FLS, LLC, a Delaware limited liability company (the "Company"), is filed pursuant to Section 18-202 of Title 6 of the Delaware Limited Liability Company Act.

1. The name of the limited liability company is Superior FLS, LLC.
2. Article 1 of the Certificate of Formation of the Company is hereby amended as follows:

"The name of the limited liability company is Superior Fire & Life Safety, LLC."

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Amendment, this 26<sup>th</sup> day of February, 2021.

By: 

James Illikman, Authorized Person