M21000014194

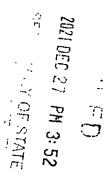
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

A. RIVERS JAN 1 2 2022



400378549874



COVER LETTER

_		Section Corporations			
SUBJECT:	SUPER	OR WAY LLC			
		Name of Foreig	gn Limited Liah	oility Cor	mpany
Dear Sir or N	Aadam:				
The enclosed	applic	ation, certificate and fee(s)	are submitted	for filing	
Please return	all con	respondence concerning th	is matter to the	followin	ığ:
DEBORAH W	/RIGHT				
		Name of Person		-	
KEYSTONE	MANAG	EMENT SERVICES LLC			
		Firm/Company		_	
2784 BELLS	FERRY	RD		_	
		Address			
MARIETTA.	GA 3006	56			
	• •	City/State and Zip Cod	e	_	
URCHOSENS	3@YAF	HOO.COM			
E-mail add	dress: (t	o be used for future annua	l report notifica	ition)	
For further in	nformat	ion concerning this matter.	, please call:		
DEBORAH W	/RIGHT		_ at (61
	Nam	ne of Person	Area Code	e & Dayt	ime Telephone Number
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 816 Tallahassee, FL 32303	
Encl ■\$25 Filing	Fec	a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing Certified (☐ \$60 Filing Fee. Certificate of Status & Certified Copy

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 WAY 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: M21000014184
3. Jurisdiction of its organization: NC
4. Date authorized to do business in Florida: 10-25-2021
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:
5. New name of the limited liability company: (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: Ω ω
Enter Florida Street Address 12 5
, Florida
·
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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: No longer associated with Superior Way LLC and give my approval to be removed as a member.						
itle/ Capacity	<u>Name</u>	Address	Type of Action			
MBR	MITISHOV, OLEKSANDR	392 TURKEY CREEK RD	□Add			
		LEICESTER, NC 28748	=Remov			
			□Add			
			□Remov			
			□Remov			
						
			□Remov			
			Dbdd			
aforemention	certificate, if required: no more than and amendment(s), duly authenticated ander the law of which this entity is o	d by the official having custody of records in the	□Remov			
	Signature	of the authorized representative				

Filing Fee: \$25.00