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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

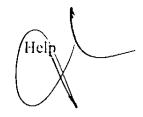
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR110 LLC

Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu



## 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	ent of
State: SUPERIOR110 LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	,
Enter new mailing address, if applicable:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Mailing address MAY BE A POST OFFICE BOX)	A D
	Z4 AUG 27
2. The Florida document number of this limited liability company is: M2300004090	* OF STA
3. Jurisdiction of its organization: NEW YORK	10: 3: STAT E. FL
4. Date authorized to do business in Florida: 03/30/2023	
SECTION II (5-9 complete only the applicable changes)	
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 copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered officer address on our records, enter tregistered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida Street	Address
, Flo	rida
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 fur the provisions of all statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent as provided for in Chapter 6 document is being filed to merely reflect a change in the registered office address, I hereb liability company has been notified in writing of this change.	, and I am familiar with 05, F.S. Or, if this

REMOVAL itle/ Capacity	<u>Name</u>	Address	Type of Action
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aforemention		d by the official having custody of records in the	□Remo
	under the law of which this entity is of s/ YELENA BOND/	organized. ARCHUK	
	Signature	e of the authorized representative	