# P23000023074

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SECRETARY OF STATE
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO               | RATION: Superior Auto Emp                 | porium Inc.  |   |                    |                |   |
|-----------------------------|---|--|---|--------------------|----------------|---|
| DOCUMENT NUM                | BER: P23000023074                         |  |   |                    |                |   |
|                             | s of Amendment and fee are su             | bmitted for filing.  |   |                    |                |   |
| Please return all corre     | espondence concerning this ma             | tter to the following:   |   |                    |                |   |
|                             | Samantha J Erickson                       |  |   |                    |                |   |
| Name of Contact Person      |   |  |   |                    |                |   |
| Superior Auto Emporium Inc. |   |  |   |                    |                |   |
| Firm/ Company               |   |  |   |                    |                |   |
|                             | 37124 Estelle Drive                       |  |   |                    |                |   |
|                             | Address                                   |  |   |                    |                |   |
|                             | Zephyrhills, F1, 33541                    |  |   |                    |                |   |
|                             |   | City/ State and Zip Code   | e   |                    |                |   |
|                             | erickson.samanthaj@gmail.e                | om   |   | J.<br>OBS          | 5923           |   |
|                             | E-mail address: (to be us                 | sed for future annual report                                     | notification)   | ALL.<br>PRE        | HA             | " 🗓   |
| For further information     | on concerning this matter, pleas          | se call:   |   | SECRETARY OF STATE | 31 1           | LACEL.  |
| Samantha J Erickson         | 1   | at ( 218   | 969-0823  | 開発                 | <del>1</del> 8 | <u>[ ]                                   </u> |
| Name                        | of Contact Person                         | Area Co  | de & Daytime Telephone Number   |                    | 2              |   |
| Enclosed is a check f       | or the following amount made              | payable to the Florida Dep                                       | artment of State:   | म                  | -d             |   |
| S35 Filing Fee              | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |                    |                |   |

### **Mailing Address**

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

# Street Address

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

### Articles of Amendment to Articles of Incorporation of

to

| Superior Auto Emporium Inc.  |                              |   |                                       |   |
|--|------------------------------|---|---------------------------------------|---|
| (Name o  | f Corporation as currentl    | y filed with the Florida Dept. of State)  |                                       |   |
| P23000023074   |                              |   |                                       | _                                       |
|  | (Document Number o           | f Corporation (if known)  |                                       |   |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:   | 1006, Florida Statutes, this | Florida Profit Corporation adopts the follow  | ving amend                            | ment(s)                                 |
| A. If amending name, enter the new na  | me of the corporation:       |   |                                       |   |
| N/A  |                              |   | The n                                 | iew                                     |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association," | orp: "Inc," or "Co" /        | company," or "incorporated" or the abbrevic<br>4 professional corporation name must con | uion "Corp<br>tain the we             | ord                                     |
| B. Enter new principal office address, i   | if applicable:               | N/A   |                                       |   |
| (Principal office address MUST BE A ST   | TREET ADDRESS )              |   |                                       |   |
|  |                              |   |                                       | _                                       |
|  |                              |   |                                       | _                                       |
| C. Enter new mailing address, if applicable:   |                              | N/A   | 4 <u>0</u>                            | 1023                                    |
| (Mailing address <u>MAY BE A POST (</u>  | OFFICE BOX)                  |   | - <del> </del>                        | ⊢AR<br>−                                |
|  |                              |   | <u> </u>                              | ಟ                                       |
|  |                              |   | 3,3                                   | - Alleren                               |
|  |                              |   | 海草                                    | ======================================= |
| D. If amending the registered agent an   |                              |   | 1" o                                  | 8: 24                                   |
| new registered agent and/or the new  |                              | <u>5.</u>   | — — — — — — — — — — — — — — — — — — — | 24                                      |
| Name of New Registered Agent   | N/A                          |   |                                       |   |
|  |                              |   |                                       |   |
|  | (Florida st.                 | reet address)   |                                       |   |
| New Registered Office Address:   | N/A                          | , Florida N/A   |                                       | _                                       |
|  |                              | (Cuy) (Z  | (ip Code)                             |   |
|  |                              |   |                                       |   |
|  |                              |   |                                       |   |
| New Registered Agent's Signature, if c   | ered agent - Lam familiar    | <u>u                                    </u>  | m.                                    |   |
|  |                              | •   |                                       |   |
|  |                              |   |                                       |   |
| · <del></del>  |                              |   |                                       |   |
|  | Signature of New 1           | Registered Agent, if changing   |                                       |   |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                   | PT John Do              | <u>be</u>           |                                       |                |          |
|----------------------------|-------------------------|---------------------|---------------------------------------|----------------|----------|
| X Remove                   | <u>V</u> <u>Mike Jo</u> | ones                |                                       |                |          |
| X Add                      | SV Sally St             | <u>nith</u>         |                                       |                |          |
| Type of Action (Check One) | <u>Title</u>            | Name                | <u>Addres</u> s                       |                |          |
| 1) X Change                | CEO CFU                 | Samantha J Erickson | 37124 Estelle Drive                   |                |          |
| Add                        | 5                       |                     | Zephyrhills, FL 33541                 | <del></del>    |          |
| Remove                     |                         |                     | · · · · · · · · · · · · · · · · · · · | <u></u>        | 20       |
| 2) X Change                | PC00                    | Gregory L Erickson  | 37124 Estelle Drive                   | ŽΩ             | 2023 HAR |
| Add                        |                         |                     | Zephyrhills, FL 33541                 |                | AR 31    |
| Remove 3) Change           | <del> </del>            |                     |                                       | 13.5%<br>140 X | 圣        |
| Add                        |                         |                     |                                       | - FINE         | y: 24    |
| Remove                     |                         |                     |                                       |                |          |
| 4) Change                  |                         | 10.000              |                                       |                |          |
| Add                        |                         |                     |                                       |                | •        |
| Remove                     |                         |                     |                                       |                |          |
| 5) Change                  | <del></del>             |                     |                                       |                |          |
| Add                        |                         |                     |                                       |                | -        |
| Remove                     |                         |                     |                                       |                |          |
| 6) Change                  |                         |                     |                                       | <u></u>        |          |
| Add                        |                         |                     |                                       |                | -        |
| Remove                     |                         |                     |                                       |                |          |

|  | N/A  |                    |
|--|--|--------------------|
| The date of each amendment(s)  | adoption:  | , if other than th |
| late this document was signed  |  |                    |
| •  | /A   |                    |
| Effective date <u>if applicable</u> :                                      | (no more than 90 days after amendment file date)   |                    |
|  | , , , , , , , , , , , , , , , , , , ,  |                    |
| <b>Note:</b> If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this date will not be partment of State's records.                               | ot be listed as th |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                    |
| The amendment(s) was/were a action was not required.                       | idopted by the incorporators, or board of directors without shareholder action and sh  | nareholder         |
| ☐ The amendment(s) was/were a by the shareholders was/were                 | idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |                    |
| must be separately provided f  | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |                    |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for approval   |                    |
| bv N/A   | ,,   |                    |
| Бу   | (voting group)   |                    |
|  |  |                    |
| 03/29/20   | יני  |                    |
| Dated  | 25   |                    |
|  | h  |                    |
| Signature  | Xax  |                    |
|  | director, president or other officer - if directors or officers have not been  |                    |
| selec  | ted, by an incorporator - if in the hands of a receiver, trustee, or other court   |                    |
| appo   | inted fiduciary by that fiduciary)   |                    |
|  | Gregory L Erickson   |                    |
|  | (Typed or printed name of person signing)  |                    |
|  | President  |                    |
|  | (Title of person signing)  | <del>_</del>       |
|  |  |                    |