

9/24/2015

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L1400028022

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.

(((H15000229851 3)))



H150002298513ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : SUPERBIZ.COM, INC.
 Account Number : I20070000160
 Phone : (800)494-3124
 Fax Number : (305)675-2811

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2015 SEP 24 PM 12: 36

FILED

****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
EXCELLENT BUSINESS & PROPERTY SOLUTIONS OF
FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 SEP 24 AM 10: 28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

SEP 25 2015
J. HARRIS

H15000229851 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EXCELLENT BUSINESS & PROPERTY SOLUTIONS OF FLORIDA 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 02/18/2014 and assigned Florida document number L14000028022.

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 end with 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)

2018 SEP 24 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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:

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

H15000229851 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Broadus	121 S. Orange Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 SEP 24 PM 12:36
 SECURE COPY OF STATE
 TALLAHASSEE FLORIDA

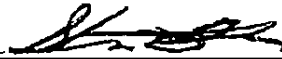
FILED

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

H15000229851 3

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 23rd of September, 2015



Signature of a member or authorized representative of a member

SHAWNTE BROADUS

Typed or printed name of signer

FILED
2015 SEP 24 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA