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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dating 51)
(Business Entity Name)
(Document Number)
•
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EXAMINER



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COVER LETTER

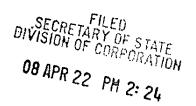
TO: Registration S Division of Co			
SUBJECT: SUPER			
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	IVAN NARANJO	Olympia (Report)	
		(Name of Person)	
	ACCOUNTING AND		
		(Firm/Company)	
	8810 FONTAINEBLE	EAU BLVD. SUITE # 216	
		(Address)	
	MIAMI, FL. 33172		
		(City/State and Zip Code)	
For further information	concerning this matter, please of	all:	
MARIA P VARGA	S	at (786) 226 3076	
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUPER GAMING, LLC.			
(Name of the Limite	<u>d Liability Com</u> A Florida Limite	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Compa	any were filed on <u>02/27/200</u>	and assigned
Florida document number <u>L08000020736</u>			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
N/A			
The new name must be distinguishable and end w "L.L.C." B. If amending the registered agent and registered agent and/or the new registered of	/or registered	office address on our reco	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Flor	rida street address)
	N/A		, Florida N/A
		(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 608, 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)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FERNANDO BELTRAN	6400 NW 114 AVENUE # 1123 MIAMI, FL. 33178	Add Remove
			Add Remove
	.		Add Remove
·			Add Remove
	·		Add Remove
	-		Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
Dated APR	Mari DNP	2007	
	MARIA P VARGAS	member or authorized representative of a member Typed or printed name of signee	orbado do como contrar o
		i vocu of dringed hame of signee	

l yped or printed name ot signee

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Filing Fee: \$25.00