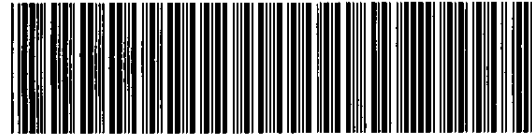


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

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JUL -1 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUPER STUDIO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL N. LEWIS

Name of Person

SUPER STUDIO LLC

Firm/Company

981 E EAU GALLIE BLVD, SUITE E-114

Address

MELBOURNE, FL 32937

City/State and Zip Code

wendy@dropzonemedia.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL N LEWIS

Name of Person

at (**321**)

508-3655

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 STUDIO 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 03/28/2011 and assigned
Florida document number L11000037149.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SUPER STUDIO LLC c/o MICHAEL LEWIS
981 E. EAU GALLIE BLVD., SUITE E-114
MELBOURNE, FL 32937

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: MICHAEL N. LEWIS

New Registered Office Address: 981 E. EAU GALLIE BLVD. SUITE E-114

Enter Florida street address

MELBOURNE

City


Florida

32937

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

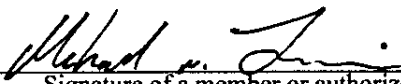
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KATRINA J RILEY	787 FANTASY LANE CHULUOTA, FL 32766	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL N LEWIS	981 E. EAU GALLIE BLVD SUITE E-114 MELBOURNE, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WENDY C. BOZARTH	981 E. EAU GALLIE BLVD SUITE E-114 MELBOURNE, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WARD COTTRELL	712 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JENNIFER KOLENTUS	787 FANTASY LANE CHULUOTA, FL 32766	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JENNIFER KOLENTUS	787 FANTASY LANE CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 27, 2011



Signature of a member or authorized representative of a member

MICHAEL N. LEWIS

Typed or printed name of signee