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SECRETARY OF STATE FALL AHASSEE. FLORIDA

C. LEWIS SEP 1 6 2011 EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp		,		
	SUBJECT: SUPER STUDIO LLC				
SUDA					
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please	return all correspon	dence concerning this matter	r to the following:		
		J			
			Name of Person		
			SUPER STUDIO LLC		
			Firm/Company		
118		115	COMMERCE STREET		
			Address	·	
		L	AKE MARY, FL 32746		
			City/State and Zip Code		
		JENN@ E-mail address: (SUPERSTUDIOINC.C to be used for future annual report	OM notification)	
For fur	ther information co	ncerning this matter, please of	· ·	,	
		RINA RILEY	at (_407_)	432-8019	
	Name of I	Person	Area Code & Da	ytime Telephone Number	
Enclose	ed 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 encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
	Registrat	NG ADDRESS: ion Section of Corporations 6327	STREET/CO Registration S Division of Co Clifton Buildin	rporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2011 SEP 15 PM 1: 44

				• •
· ·	SUPER STU	JDIO LLC	SECR	ETARY OF STATE
(Name of the Limited I	iability Compar	y as it now appears	on our records.	HASSEE, FLORIDA
(A r	Torida Limited L	iaomity Company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on	03/28/2011	and assigned
Florida document numberL110000371	• •			
Fiorida document number				
	•			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	lity company here	•	
· · · · · · · · · · · · · · · · · · ·				
The new name must be distinguishable and end with	the words "Limit	ed Liability Compan	y," the designation "I	LC" or the abbreviation
"L.L.C."		·		
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET			-	
			· · · · · · · · · · · · · · · · · · ·	
C.4		115 COMMED	CE STREET	
Enter new mailing address, if applicable:		115 COMMERCE STREET		
(Mailing address MAY BE A POST OFFICE BOX)		LAKE MARY, FL 32746		
			•	
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter t</u>	he name of the new
egistered agent and/or the new registered on	ec addiess here	.•		
Name of Name Declared A. A. A.	JENNIFER H	(OLENTIIS		
Name of New Registered Agent:	<u>JEMMI EM</u>	KOLLIVI OO		
New Registered Office Address:	115 COMMERCE STREET Enter Florida street address			
	LA	KE MARY	, Florida	32746
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 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> ·	<u>Name</u>	Address	Type of Action
MGRM	MICHAEL N LEWIS	981 E. EAU GALLIE BLVD SUITE F-114 MELBOURNE, FL 32739	Add ✓ Remove
MGR	WENDY C. BOZARTH	981 E. EAU GALLIE BLVD SUITE E-114 MELBOURNE, FL 32739	Add ✓ Remove
MGR_	WARD COTTRELL	712 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168	Add Remove
MGR_	KATRINA RILEY	787 FANTASY LANE CHULUOTA, FL 32766	✓ Add Remove
MGRM_	JENNIFER KOLENTUS	6236 BORDEAUX CIRCLE SANFORD, FL 32771	∕Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			- -
 Dated	SEPTEMBER 13 , 20°	r	2011 SEP 15 SECRLTARY ANASSE
-	() JENN	or authorized representative of a member	THE IS TABLE

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Filing Fee: \$25.00