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SECRETARY OF STATE
ALLAHASSEF FERMINA

D. BRUCE
JUL 16 2012
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	
∌ SUBJECT:	Superho Scramble LLC Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
For further information co	Sean O'(o nno (Name of Person Superhero Scramble (() Firm/Company 700 NE Harboun Fr (# 232 Address Boca Raton F(3343/ City/State and Zip Code Aunode alace D g mail. com E-mail address: (to be used for fluire attitual report notification) Incerning this matter, please call: O'(onno (at (561) 929-223) APROVED TOTAL COM AND TOTAL COM Conno (at (561) 929-223)
ror turther information co	oncerning this matter, please call:
Name of	
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Superhero	Scramble LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records	<u>r)</u>		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{6/14/701}{}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim "L.L.C." Enter new principal offices address, if applicable:	ited Liability Company," the designati	ion "LLC" or the abbreviation		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AND FILED 12 JUL 3 PH SECRETARY OF TALLAHASSEL, F		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the new		
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 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>	Type of Ac	<u>tion</u>	
MGMR	Steve Knieser	7790 Fairway Trail Buca Rafon Fl 033487	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
		**************************************	Add Remove		
			Add Remove		
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STAIL TALLAHASSEE, FLORID:	12 JUL 13 PM 12: 25	FILED
Dated	July 9 , za) Signature of a member	or authorized representative of a member			
	Steve	Kniese/ or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00

APPROVED AND FILED