L12000034240

(Req	uestor's Name)	· · · · · ·
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(540	anoss Entry Har	,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
•		

Office Use Only



100242284461

12/17/12--01006---003 **25.00

FILED
2012 DEC 17 M 7: 46
SECRETARY OF STATE
ASSEE, FLORIDA

J. BRYAN
DEC 1 8 2012

EXAMINER

COVER LETTER

TO: Registration Se			
SUBJECT:		TWG OPTIONS LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	צט	7W OLDS Name of Person	
	SUPERIOR MA	Firm/Company	uc_
	•	Power Drive	一
		Address	
	Wosley CHI	APEL FL 331-44 City/State and Zip Code	SSEE TO
	justin.olds E-mail address: (to	City/State and Zip Code Comail. Com be used for future annual report notification	TARY OF STATE FLORID
For further information c	oncerning this matter, please ca	ग्री:	y
JUSTIN C	PLOS f Person	at (727) 967 - 01 Area Code & Daytime Te	6/ lephone Number
Enclosed is a check for the	he 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

Superior Manket	ING OPTIONS LLC
(Name of the Limited Liability Compa- (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\(\begin{array}{c} \begin{array}{c}	0/0/-
This amendment is submitted to amend the following:	The second second
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	27535 PINE POINT DRIVE WESLEY CHAPEL, FL 33544
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27535 PINE POINT PRIVE WESLEY CHAPIT, FL 33544
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida
	City Zin 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 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

<u>itle</u>	Name	<u>Address</u>	Type of Action
			FIG. E. AGOT
			Remore
			西里
			Remove TRemove
			Add
			Remove
			Kemove
			Add
			Remove
			Add
			Remove
		,	
			Add
			
•			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Changing Address to:
27535 PINE POINT DRIVE
WESLEY CHAPEL, FL 33544
Dated 12/13/12 ,
Signature of a member or authorized representative of a member
JUMN OLDS
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

FILED
2012 DEC 17 AM 7: 47
SECRETARY OF STATE
ASECRETARY OF STATE