Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-638\$

From:

Account Name : SUPERBIZ.COM INC.

Account Number : I20070000160 Phone

: (300)494-3124

Fax Number

: (305)675-261

**Enter the email address for this business entity to be used for far annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREASY WRENCH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

NOV - 7 2016

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2016 NOV-4 AM 10: 20
NO21-3CA FASSEE, FLORIDE

	GREASY WRENCH LLC	
(Name of the Lim	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number	iability Company were filed on	4/11/2013 and assigned
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>c</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the m
Name of New Registered Agent:	Name of New Registered Agent: STEVEN W EMPEY	
New Registered Office Address:	1546 AMNESTY DRIVE	
	Enter Florida street address	
	NORTH PORT	Florida 34288 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing		
I hereby accept the appointment as register provisions of all statutes relative to the propacted the obligations of my position as regions filed to merely reflect a change in the	per and complete performance of n istered agent as provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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MGR = N	from our records: Ianager Authorized Member		H16000273372 3
<u>Title</u>		Address	Type of Action
MGRM	GEORGIA EMPEY	1546 AMNESTY DRIVE	D Add
		NORTH PORT, FL 34288	■ Remove
			□ Change
MGRM	STEVEN W EMPEY	1546 AMNESTY DRIVE	
		NORTH PORT, FL 34288	□ Remove
			□ Change
			2016 NOV BY AH 10: 28 SECRE FROM STAGE SECRET FLORE Remove
···			□ Add
			□ Remove
			Change
			
			□ Remove
			Change
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	OR O	2
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or nor Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste	.0207 (3)(ed as the

Signature of a member or authorized representative of a member

STEVEN W EMPEY

Typed or printed name of signee

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