## L130000080883

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(Ci	ty/State/Zip/Phone	e #)
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B. BOSTICK

AUG 3 0 2013

**EXAMINER** 

## COVER LETTER ...

TO: Registration Sec Division of Corp		
Super	r Fly 360, LLC	
SUBJECT: Ouper	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	endence concerning this matter to the following:	
	Jeffrey Perlman	
	Name of Person	•
		_
	Firm/Company	
	2600 Island Boulevard	
	Address	
	Aventura, Florida 33160	_
	City/State and Zip Code	
	jeffrey.perlman@zumba.com  E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	7013 Å 1079 V E197
Jeffrey Perli	man at (917, 721-5903  Area Code & Daytime Telephone Number	2013 AUG 29
Name of	f Person Area Code & Daytime Telephone Number	4 6 b
Enclosed is a check for the	ne following amount:	90 S
□ \$25.00 Filing Fee	(additional copy is enclosed) Certifie	iling Fee, =

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 Fly 360, LLC		
( <u>Name of the Limited Llability Compa</u> (A Florida Limited I	ny as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 4, 2013	and assigned
Florida document number L13000080883		
This amendment is submitted to amend the following:		
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."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2600 Island Boulevard	
(Principal office address MUST BE A STREET ADDRESS)	Aventura, Florida 33160	2018 
		Allo
Enter new mailing address, if applicable:	2600 Island Boulevard	6 29 ASSE
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33160	
		္ ယ္
		5 <b>5</b> 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the nev
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	, 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 Action 800 Silks Run, Suite 2310 Alberto Perlman **MGR** Hallandale, FL 33009 **√** Remove Remove Remove

Silks Run Suite 2310 Hal	llandale, FL to 2600 Island Boulevard, Aventura, Florida 33160
August 20,	2013
August 20,	2013 Plu O
August 20,	2013  nature of a member or authorized representative of a member

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Filing Fee: \$25.00

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