# L13000102393

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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2013 SEP -3 AH II: 02

B. BOSTICK
SEP 0 4 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Learne Realin Name of Person	
Firm/Company	
Tim/Company	
430 SW 109th AVE	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:  Leonardo Realin at (305) 877 - 5638 P. S.	e a
-m	
\$25.00 Filing Fee \$\square\$	
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclose	d)

#### 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 Dal	lar UC.			
Name of the Limited Liabi (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records	<u>s.</u> )	
The Articles of Organization for this Limited Liability		7/19/	7013 and as	ssigned
florida document number 1 10000000000000000000000000000000000				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company h	<u>ere</u> :		
Super Dallar				
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Com	pany," the designat	ion "LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESS)		ALL ALL	<del></del>
			SEP	ared .
			-3 -3	
Enter new mailing address, if applicable:			700 E	
(Mailing address MAY BE A POST OFFICE BOX)				· ,
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>er</u>	nter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	I	Enter Florida stree	et address	
		, Florid		
	Citv		Zip Cod	de

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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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	// // // //
	Signature of a member of authorized representative of a member
	Lanardo Realin
	Typed or printed name of signee
	Dogg 2 of 2

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Filing Fee: \$25.00

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