Florida Department of State Division of Corporation Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DOWLING HOUSE, LLC

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J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000142769 3

	DOWLING HO	OUSE, LLC H now appears on our relity Company)	cords.)		
The Articles of Organization for this Limited Liabi Florida document numberL13000118118	lity Company wer	e filed on08/21/2	2013	and assign	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability	company here:			
The new name must be distinguishable and end with the word	ds "Limited Liability	Company," the designation	"LLC" or the	abbreviation "L.L	, <u>C.</u> ,
Enter new principal offices address, if applicable	e:	406 DUVAL STF	REET NE	7.	V.S.
(Principal office address MUST BE A STREET A	(DDRESS)	LIVE OAK, FLOR	RIDA 320)64 를	<u> </u>
					
Enter new mailing address, if applicable:		406 DUVAL STE		# 50 000	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	LIVE OAK, FLOT	TIDA 320	/04 မှ	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ords, <u>enter</u>	the name of	the new
New Registered Office Address:	406 DUVAL	. STREET NE			
		Enter Florida street as	lchress		
-	LIVE OAK	City	, Florida	32064	
New Registered Agent's Signature, if changing Regi	istored Avent:	City		Zip Code	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change	gent and agree to and complete per, red agent as prov istered office adh ange.	formance of my duties jded for in Chapter 6 fress, I hereby confirm toglisterod Agent, Signat	i, and I am 05, F.S. Or i that the li	familiar with ; if this docum mited liability	and ent is

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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AMBR = Authorized Member Title Name: <u>Address</u> Type of Action MGRM CANDACE E ALDRIDGE 17133 156TH STREET □ Add MCALPIN, FLORIDA 32065 Remove **AMBR** MARTIN SILVERMAN 406 DUVAL STREET NE 🖬 Add LIVE OAK, FLORIDA 32064 ☐ Remove JEREMY GOLDEN 406 DUVAL STREET NE AMBR **■** Add LIVE OAK, FLORIDA 32064 □ Remove _□ Add □₹dd $\overline{\Box}$ □ Bomo _□ Add ☐ Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H1400014276
Effe (The the	ective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Dat	ed JUNE 12 , 2014 .
	Signature of a member or authorized representative of a member JEREMY GOLDEN

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DIVISION OF COMPLEXIONS