## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations	2277
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Fax Number : (850)617-6383	(.)
From:	$\frac{(2)}{2}$
Account Name : SUPERBIZ.COM, INC.	SIAT SIAT
Account Number: 120070000160 Sprone : (800)494~3124	25
Phone : (800)494~3124	記録
the email address for this business entity to be used for nual report mailings. Enter only one email address please.  ail Address:	- <del></del>
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	<del></del>
nual report mailings. Enter only one email address please.	
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVING PROOF ENTERTAINMENT LLC  Certificate of Status	
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Corporate Filing Menu

Help

T. Burns 34401/6 2014

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ROOF ENTERTAINME	· · · · —— -		
(Name of the Limited I	iability Company as it now appeared in the company is in the company in the company in the company is in the company in the company in the company is in the company in the company in the company in the company is in the company in the company in the company in the company is in the company in the company in the company in the company is in the company in the compa	ers on our records.) .		
(A)	nonda Limited Eladimy Company)			
The Articles of Organization for this Limited Liabi	lity Company were filed on _	05/02/2014	and assign	ed 1 g
Florida document number L14000071993				£ 22
Procida document minoca	<del>,</del>		$\frac{i\omega}{\omega}$	i i esta.
This amendment is submitted to amend the following	no,			
A THE STREET OF THE PROPERTY OF THE POST OF THE		1 3		
A. If amending name, enter the new name of th	e limited liability company l	iere:	L. C. L.	i sidmilitely
· · · · · · · · · · · · · · · · · · ·		<del></del> -	유로 뜻	Table for
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," th	e designation "LLC" or the	a abbitor "L.L.C	Z."
Enter new principal offices address, if applicable	e: 1003 32	ND AVENUE E		
(Principal office address MUST BE A STREET	DARRES BRADE	NTON, FLORIDA	34208	<del></del>
11 Marchet Mitte Billings 13 (4) 1 DE 21 DIRIGHT 2	IDIO RESIST			
Enter new mailing address, if applicable:	PO BO	X 1177 NTON, FLORIDA	34206-1177	
(Mailing address MAY BE A POST OFFICE BO	X) BRADE	INTON, I CONIDA	07200-1177	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:		n our records, <u>ente</u>	r the name of	the nev
	1003 32ND AVENUE			<del></del>
New Registered Office Address:	<del>-,,,,,,,,,, </del>	orida street adaress		
		oriad street doaress		
_	BRADENTON	, Florida _	34208	
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 605, 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

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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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MGR = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	Name	Address Type of Action
AMBR	BRYAN J THOMAS, SR	1003 32ND AVE EAST CAdd
		PALMETTO, FL 34221
AMBR	BRYAN J THOMAS, SR	1003 32ND AVENUE E
		BRADENTON, FL 34208 Remove
		Add  Add  Remove  Garage  Gara
		Add Remove
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Effective (The effect the date the	e date, if other than the date of filing:			
Dated_	JUNE 13 2014			
	Signature of a member or mithorized representative of a member		_	
	BRYAN J THOMAS, SR			
	Typed or printed name of signed			
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