

L14 000 103126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

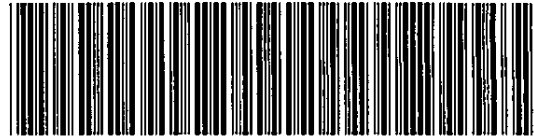
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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15 SEP 22 AM 9:35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2016  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPER NINJAS LLC

\_\_\_\_\_  
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:

Andrew Hall

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11303 Villas On The Green Dr

\_\_\_\_\_  
Address

Riverview, FL 33579

\_\_\_\_\_  
City/State and Zip Code

love.dolo@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

16 SEP 22 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Andrew Hall

813

285-9020

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

**SUPER NINJAS LLC**

NAKAMA LLC

***(Principal office address MUST BE A STREET ADDRESS)***

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

---

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

16 SEP 35 AM 3:35  
RECEIVED  
STATE

16 SEP 22 AM 9:33

SEP 22 AM 9:35

SECRET

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 19th 2016

Signature of a member or authorized representative of a member

Andrew Hall

Typed or printed name of signee