p.1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000108737 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number: I20070000160 Phone : (800)494-3124 Fax Number : (305)675-2811

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 SAS MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ä DAILE DAILE 1--

Electronic Filing Menu

Corporate Filing Menu

Help

FAY - 5 2015

T. HAMPTON

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H15000108737 3

	Or		75 TS
	SAS MANAGEMENT LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	ng on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on _	03/17/2015	and assigned
Florida document numberL150000484	19		
This amendment is submitted to amend the fol	lowing:		ORIDA
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the	e designation "LLC" or	the appreviation "L.L.C."
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	ra . n.n.yraa		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
		_	
R. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>e</u>	iter the name of the he
Name of New Registered Agent:	A QURAESHI		
New Registered Office Address:			
	Enter File		
	, Florid		
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro-			

. . . 1 . 60

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR ≈ Manager

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

H15000108737 3

AMBK = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	S QURAESHI	10664 ACME ROAD	್ ದಿ Aರೆಡ
		WELLINGTON, FL 334	14 Remove
AMBR	A QURAESHI	10664 ACME ROAD	= Add
		WELLINGTON, FL 334	14 Remove
		· ·	
			D Add
			D Remove
			O Add
		AL	D Remoye
		Frz F 25-2 10-2 10-2 10-2	The state of the s
		1.00 mg/s	S OF Add O
			© © Comove
			·
			🗆 Add
			Remove

If amend	ling any other information, e	nter change(s) here: (Attach addi	
			H15000108737
		-	
		······································	
			
	date, if other than the date o		(optional)
	ve date must be specific, cannot be pri is document is filed by the Florida Do	or to date of receipt or filed date and canno partment of State)	ot be more than 90 days after
Dated	APRIL 30	2015	
Daten		,	•
		A Que	
	Signatu	re of a member or authorized representati	ve of a member
		A QURAEŠHI	
		Typed or printed name of signee	

Page 3 of 3

