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(((H170001085503)))



H170001085503ABC.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ COM, INC.

Account Number: 120070000160
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.

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STANT ROSEE, FILORIDA

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ARR 2 1 2017 J. HARRIS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appe ty Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were	filed on _	FEBRUARY 24, 2017	and assigned
Florida document number L17000044756			-
This amendment is submitted to amend the following:	įν		
A. If amending name, enter the new name of the limited liability of	company l	nere:	
The new name must be distinguishable and contain the words "Litrited Liebility Co	mpany,* the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)			
			8
			2- 35
B. If amending the registered agent and/or registered office a	address o	n our records, <u>enter t</u> i	he name of the pe
registered agent and/or the new registered office address here:			생 25일 년 1 등 2
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	Xty		Zip Code
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 agre	e to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Puge 1 of 3

company has been notified in writing of this change.

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	ANA SIMMONS	812 WILD OAK AVE	篇 Add
		DESTIN, FL 32541	☐ Remove
			□ Change
<u> </u>			□ Add
			□ Всточе
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ffectiv m effec	e date, if other than the date of filing:(optional) ive date is listed, the date must be specific and counci be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207 (3)(b
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records.	listed as the
eco:	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of:
The 9	Oth day after the record is filed.	
ated _	APRIL 19 2017	7
		>
		APR 20
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	č
	Signature of a member or authorized representative of a member KIMBERLEE VAN DAMME Typed or printed name of signee	20 MM 93