## 118000019311

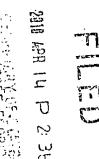
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2018

HANS BECKE 935 DURANGO LOOP ST DAVENPORT, FL 33897

SUBJECT: SUPER SIX ASSOCIATED MANAGEMENT LLC

Ref. Number: L18000019311

We have received your document for SUPER SIX ASSOCIATED MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, please choose another name. The document number of the name conflict is L00000009717.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00008660

RECEIVED

SIBNAY 14 AM 10: 53

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Super Six Assoc (Name of the Limited L	ciated	Managem	ient.	LLC		
( <u>Name of the Limited L</u> (A F	<u>Liability Company</u> Florida Limited Lia	v as it now appears on ou bility Company)	ir records.)			
The Articles of Organization for this Limited Liabil		vere filed on 5	3_118	<del></del>	and ass	igned
Florida document number <u>L 18000 1º</u>	1311					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of the						
Becke Asset man	nagem	rent LL	C			
The new name must be distinguishable and contain the word		, company," the designat	ion "LLC" or	the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable	le:					
(Principal office address MUST BE A STREET A	ADDRESS)					
					<del></del>	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>					
				12.	<u>경</u> 급	<del></del>
				• .		* ] [
B. If amending the registered agent and/or			records, e	nter the	:name	of the new
registered agent and/or the new registered office	e address nere:			()) - <		3 2
				144	U	pong
Name of New Registered Agent:					<del>- 13-</del>	
New Registered Office Address:				83	پي	
		Enter Florida str	eet address	कुर-		
_			, Floric			
		City			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 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

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 **Type of Action** Name <u>Address</u> **Title** □ Add \_□ Remove \_□ Change \_□ Add \_□ Remove □ Change □ Add □ Remove ☐ Change Z□ Add — | — Remove } U \_¹© Change ليا □ Add ☐ Remove \_□ Change □ Add ☐ Remove

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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of  If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlie
d 5,13/18	
Signature of a member or authorized rep	
7-5/1	

Page 3 of 3

Filing Fee: \$25.00