

P07000015738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000151434070

*Name Change
& Amend
W09000020640*

04/23/09--01021--018 **43.75

FILED

2009 MAY 12 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X00789, 00524, 00671

*APR
5/13/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SCULLEY & CAMPBELL SUPERB.
ENTERPRISE INC.

DOCUMENT NUMBER: P070000 15738

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OTHNIEL SCULLEY
(Name of Contact Person)

SCULLEY & CAMPBELL SUPERB ENTERPRISE INC.
(Firm/ Company)

6300 SW 20th Street
(Address)

MIRAMAR FL 33023
(City/ State and Zip Code)

For further information concerning this matter, please call:

OTHNIEL SCULLEY at (754) 244 1325
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2009

Othniel Sculley
Sculley & Campbell Superb Enterprise
6300 SW 20th Street
Miramar, FL 33023

SUBJECT: SCULLEY & CAMPBELL SUPERB ENTERPRISE, INC.
Ref. Number: P07000015738

We have received your document for SCULLEY & CAMPBELL SUPERB ENTERPRISE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list all the officers on the amendment form instead of on a stapled page. If you wish to attach a piece of paper with additional officers you may do that but please state if you are adding or deleting the additional officers.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 009A00014770

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 12 AM 8:00

Articles of Amendment
to
Articles of Incorporation
of,

SCULLEY & CAMPBELL SUPERB ENTERPRISE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

PD7000015738

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SCULLEYS SUPERB ENTERPRISE, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 840406

Pembroke Pines

Florida 33084.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED

2009 MAY 12 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>MABEL CAMPBELL</u>	<u>6300 SW 20th St.</u> <u>Miramar</u> <u>FL. 33023</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Abraham Sculley</u>	<u>6300 SW 20th St.</u> <u>Miramar FL</u> <u>33023</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>SASHA-KAY SCULLEY</u>	<u>6300 SW 20th St.</u> <u>Miramar FL.</u> <u>33023</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SCULLEY, OTHNIEL
Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023 US

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) SCULLEY, OTHNIEL, C
Street Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023

there already

Name And Address #2

Title D
Name (Last, First, Middle, Title) SCULLEY, KARLENE, V
Street Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023

there already

Name And Address #3

Title D
Name (Last, First, Middle, Title) SCULLEY, ABRAHAM, O
Street Address 6300 SW 20 STREET

Please add

City, State MIRAMAR, FL
Zip Code & Country 33023

Name And Address #4

Title D
Name (Last, First, Middle, Title) SCULLEY, SASHA-KAY, K
Street Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023

Please add.

Name And Address #5

Title D
Name (Last, First, Middle, Title) SCULLEY, REUEL, C
Street Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023

Please add

Name And Address #6

Title D
Name (Last, First, Middle, Title) SCULLEY, ABIGAIL, N
Street Address 6300 SW 20 STREET
City, State MIRAMAR, FL
Zip Code & Country 33023

Please add

Title CEO
Officer/Director Signature OTHNIEL SCULLEY

The date of each amendment(s) adoption: 04/01/2009

Effective date if applicable: 04/01/2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

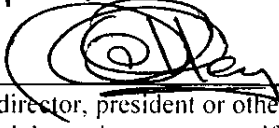
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 04/20/2009

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

OTHNIEL SCULLEY
(Typed or printed name of person signing)

CEO 100% shareholder.
(Title of person signing)