L11000121818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sun Fresh Herbs, 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:

Clifford Rosen
Name of Person

Rosen Associates
Firm/Company

2665 S. Bayshore Drive, Suite 701
Address

Coconut Grove, Florida 33133
City/State and Zip Code

jamago@rosenassoc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juani Amago at (305) 537-4908
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2011

CLIFFORD ROSEN / ROSEN ASSOCIATES
2665 S. BAYSHORE DRIVE
SUITE 701
COCONUT GROVE, FL 33133

SUBJECT: SUN FRESH HERBS, LLC
Ref. Number: L11000121818

We have received your document for SUN FRESH HERBS, 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00028192

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 DEC 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sun Fresh Herbs, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/25/2011 and assigned Florida document number L11000121818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2665 S. Bayshore Drive, Suite 701
Coconut Grove, Florida 33133

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2665 S. Bayshore Drive, Suite 701
Coconut Grove, Florida 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Juani Amago

New Registered Office Address: 2665 S. Bayshore Drive, Suite 701
Enter Florida street address

Coconut Grove, **Florida** 33133
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 608, 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.

X _____
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	William Thompson	104 Crandon Boulevard, Suite 424 Key Biscayne, Florida 33149	☐ Add ☑ Remove
MGR	Clifford Rosen	2665 S. Bayshore Drive, Suite 701 Coconut Grove, Florida 33133	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated December 15, 2011

Signature of a member or authorized representative of a member

Clifford Rosen
Typed or printed name of signee

Filing Fee: $25.00