

L12000026514

(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

N. Gulligan NOV 25 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sidiropulo Holdings 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:

Molly Birkenes

Name of Person

Chateau Poochie

Firm/Company

4301 N. Federal Hwy #3

Address

Pompano Beach, FL 33064

City/State and Zip Code

chateaupoochie@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Birkenes

Name of Person

954 561 8111

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

November 13, 2013

MOLLY BIRKENES  
4301 N. FEDERAL HWY #3  
POMPANO BEACH, FL 33064

SUBJECT: SIDIROPULO HOLDINGS LLC  
Ref. Number: L12000026514

We have received your document for SIDIROPULO HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 513A00026324

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2013 NOV 25 AM 10: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sidiropulo Holdings 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 5/23/12 and assigned  
Florida document number L12000026514.

This amendment is submitted to amend the following:

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

CPB Holdings LLC

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Molly Birkenes

New Registered Office Address:

4301 N. Federal Hwy #3

*Enter Florida street address*

Pompano Beach, FL

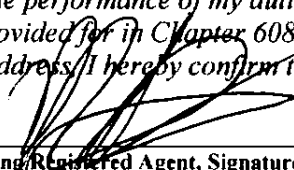
, Florida 33064

*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.*

  
**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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                 | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------------------------------|--------------------------------------------|
| MGRM         | Molly Birkenes  | 4301 N. Federal Hwy #3 Pompano Beach, FL 33064 | <input checked="" type="checkbox"/> Add    |
|              |                 |                                                | <input type="checkbox"/> Remove            |
| MGRM         | Diana Sidropulo | 4301 N. Federal Hwy. Pompano Beach, FL 33064   | <input type="checkbox"/> Add               |
|              |                 |                                                | <input checked="" type="checkbox"/> Remove |
| MGR          | Staci J Gunar   | 2227 SE 3rd St Apt B Boynton Beach, FL 33435   | <input type="checkbox"/> Add               |
|              |                 |                                                | <input checked="" type="checkbox"/> Remove |
|              |                 |                                                | <input type="checkbox"/> Add               |
|              |                 |                                                | <input type="checkbox"/> Remove            |
|              |                 |                                                | <input type="checkbox"/> Add               |
|              |                 |                                                | <input type="checkbox"/> Remove            |
|              |                 |                                                | <input type="checkbox"/> Add               |
|              |                 |                                                | <input type="checkbox"/> Remove            |

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

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Dated Nov 18, 2013.



Signature of a member or authorized representative of a member

Staci Gunare

Typed or printed name of signee

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Filing Fee: \$25.00

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