L09000006810

(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:

L. SELLERS

APR 29 2009

EXAMINER

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04/28/09--01032--025 **610.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134
Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher
Gregory T. Martini
Charles S. Sacher

Brian V. Bergman
Jennifer M. Gonzalez

April 23, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Augusta L.L.C.
Document Number: L03000006810
Reinstatement and Articles of Amendment
Our File No. 4372-4

Dear Sir/Madam:

On behalf of the above referenced corporation, I enclose herewith the following documents:

1. Executed Limited Liability Company Reinstatement;

2. Original and one (1) copy of executed Articles of Amendment to Articles of Organization; and

3. Our firm check in the amount of $610.00.

Please cause the original copy of the Articles of Amendment to be filed among the corporate records of the State of Florida. Please return the copy to the undersigned, together with your certificate that this is a certified copy of the original Articles of Amendment.

The check enclosed herein is in payment of the following fees or charges:

Annual Report Fee for Reinstatement	$555.00
Filing Fee for Articles of Amendment	25.00
Certified Copy	30.00
TOTAL	$610.00

Thank you for your attention to this matter.

Sincerely,

Charles S. Sacher

CSS:jmg
Enclosure
cc: Mr. Giraldo Leyva
W:\4372-4\wp\Div of Corp Reinstate & Name change Ltr.wpd

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AUGUSTA L.L.C.
(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 2-24-2003 and assigned Florida document number L03000006810.

This amendment is submitted to amend the following:

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

CE BRANDS, 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: N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A
(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: N/A

New Registered Office Address: _____
(Enter Florida street address)

_____, Florida _____
(City) *(Zip Code)*

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TALLAHASSEE FLORIDA

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

Title	Name	Address	Type of Action
N/A			☐ Add ☐ Remove
			☐ 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.)*

N/A

Dated April 21st, 2009

Signature of a member or authorized representative of a member

Giraldo Leyva

Typed or printed name of signee

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TALLAHASSEE FLORIDA

Filing Fee: $25.00