

LB0000006810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

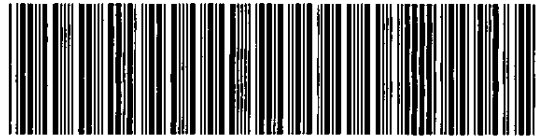
Special Instructions to Filing Officer:

L. SELLERS

APR 29 2009

EXAMINER

Office Use Only



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

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09 APR 28 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

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Charles P. Sacher

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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.

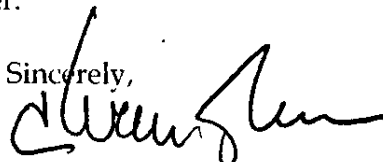
Please cause the original copy of the Articles of Amendment to be filed among the corporate records of the State of Florida. Please return the copy to the undersigned, together with your certificate that this is a certified copy of the original Articles of Amendment.

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	<u>30.00</u>
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 Reinstatement & 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)

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)

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TALLAHASSEE, FLORIDA

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

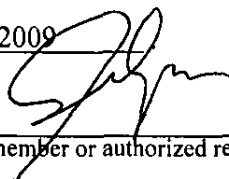
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add <input 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
			<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.)*

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