Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179657 3)))



H130001796573ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

AUG 1 5 2013
ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-810/

**Enter the email address for this business entity to be used for future—
annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED STATES SUGAR MOLASSES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

HVTTVI SEMIE SEI	ವ ಹಿಡ್ಡ ಶಾ	2
AHASSEE, I	AUG I T	1
STREPRI STREPRI FLORIDA	AM IO: 2	

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

UNITED STATES SUGAR MOLASSES, 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 v Florida document number <u>L06000088193</u>	vere filed on	09/07/2006 and effective: 09/06/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Habil	ity company	<u>v here</u> :	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Co	ompany," the designation "LLC"	or the abbreviation
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 and/or the new registered office address here		on our records, enter the	name of the new
Name of New Registered Agent:		·	,
New Registered Office Address:			
	Enter Florida		
		, Florida	
	City	ã	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple	ete performa	ance of my duties, and I am)	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
VSTD	GERARD A. BERNARD	111 PONCE DE LEON AVEN	UE Add
		CLEWISTON, FL 3344	
VST	ELAINE M. WOOD	111 PONCE DE LEON AVEN	UE 🕢 Add
		CLEWISTON, FL 3344	
			Add
			Add
			Remove
			Add
	•		
			AND SEMOVE
	Page :	2 of 3	ED An IO: 20 Of State Of Florida

		_		 :		
	·····		, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 			
		<u> </u>			<u>.</u>	
			-			
August 1/3th	1	0012	_ 			<u></u>
d August yairi		2013	<u>_</u> .)		
	1 94	\nearrow				
	1100	AT				
				presentative of a	member	
Kristine #	jy, Attorn	ey-ih-F	act /			
			printed name	of signee		

Filing Fee: \$25.00