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SECRETARY OF STATE

T. CLINE
JUN 2 5 2008

EXAMINER

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

Sugartim (Name of the Limited		as it now appears on our	r records.)		
The Articles of Organization for this Limited Lie Florida document number \(\times \) \(\times \) \(\times \)	ability Company w	1	7. 7008	_ and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and end with	n the words "Limited	l Liability Company," the	designation "LL	C" or the abbrevia	 ation
Enter new principal offices address, if applica	ıble:				_
(Principal office address MUST BE A STREE	TADDRESS)				_
-	-) 	35.	_
Enter new mailing address, if applicable:			,		1
(Mailing address MAY BE A POST OFFICE BOX)				学 2	environ.
B. If amending the registered agent and/or the new registered of		e address on our reco	ords, <u>enter th</u>	FIGURE OF the	new
Name of New Registered Agent:	Milanie	Damian			_
New Registered Office Address:	1000 Brickell au Sute 1020 (Enter Florida street address)				_
	Maimi	(City)	, Florida	33 (3) (Zip Code)	_
New Registered Agent's Signature, if changing R	legistered 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. Thereby 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 <u>Name</u> **Address Type of Action** MGR Remove Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 5 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Michael Maccia

Typed or printed name of signee

Filing Fee: \$25.00