L08000054098

(Requestor's Name)				
•				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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O9 NOV 23 PH 12: 28
SECRETARY OF STATE

J. BRYAN
NOV 24 2009
EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT:	Pops L	iquid Sunshine		
		ited Liability Company		
	A Comment			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		•
Please return all corresp	oondence concerning this matter	r to the following:		
		Richard Sitzer		7.0
		Name of Person		智等可
	Pops Liquid Sunshine			OS NON 23 PH 12: 28 SECRETARY OF STATE FALLAHASSEE, FLORID
Firm/Company				SSEE OF PE
	5756 Port Concorde Ln			
		Address		28 28
	C	rlando, Florida 32829		*
		City/State and Zip Code		
	F 9 . 11 7	rsitzer@cfl.rr.com		
		to be used for future annual report notifica	ation)	
For further information	concerning this matter, please of	all:		
R	ichard Sitzer	at (386) 7	89-1316	
Name of Person		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)	Certified (e of Status &

MAILING ADDRESS:

-TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TO		00
ARTICLES	OF ORGANIZATI	ion 🕏	
	OF	7	OSMON 23 PANO: 28
		•	語るで
Pone Liqu	id Sunshine, LLC		3 3 O
(Name of the Limited Liability C	Company as it now appear	s on our records.)	<u> </u>
(Name of the Limited Liability C (A Florida Lin	mited Liability Company)	,	10 F 78
		M 20 0000	A CHI
The Articles of Organization for this Limited Liability Con	mpany were filed on	May 30,2008	and assigned
Florida document number L08000054098			
This amendment is submitted to amend the following:			
This allered is saomated to allered the following.			
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office addre	ss nere:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Eni	er Florida street addr	229
	2		~~~
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR .	Diane Sitzer	5756 Port Concorde Ln Orlando, Florida 32829	Add Remove
MGRM	Diane Sitzer	5756 Port Concorde Ln Orlando, Florida 32829	
 			Add Remove
····		·	Add Remove
	<u> </u>		AddRemove
,			Add Remove
O. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if nece	
			2: 28 STATE LORIDA
Dated	November 19 ,	2009	
	Signatura of a	member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00