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2009 MAY -6 AM IO: 23
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY - 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		*	
SUBJECT:	CE	ELLSUN, LLC	
		nited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this mutter	to the following:	
		Jorge Mujica	
		(Name of Person)	
		(Firm/Company)	
		5801 Townbay Drive Apt 6-111	
		(Address)	
	Boca Raton, FI, 33486		
		(City/State and Zip Code)	
For further information	concerning this matter, please o	eall:	
Jorge Muj	lca	at (954) 240 9171	
(Name of Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CELLSUN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	(3)	·
The Articles of Organization for this Limited Liability	Company were filed on Septemb	per 8 2008 and assigned
Florida document number L08000085270	···············	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v	vords "Limited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
[]		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)		
MATELATUST OFFICE BOX		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		ecords, enter the name of the new
SESSETCH AZERT AND THE NEW TESISTETED OFFICE AT	um ess nei e	
Name of New Registered Agent:	······································	****
New Registered Office Address:		
	(Enter Florida street address)	
	- Santa	, Florida
	(Citv)	(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 ameading 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 Type of Action Title Address Name MGRM Ana Miriam Rodriguez 4178 West Whitewater Ave ☑ Add Weston, Fl. 33332 Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated April 29 2009 Signature of a member or authorize opresentative of a member

Page 2 of 2

Jorge Mujica Typed or printed name of signee

Filing Fee: \$25.00