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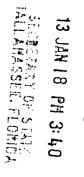
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUB IPCT.

The Sugar Chest Antique Mall LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen A. Sciortino

Name of Person

The Sugar Chest Antique Mall LLC

Firm/Company

384 Rosewood Circle

Address

Boca Raton, FL 33487

City/State and Zip Code

antiques@sugarchestmall.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen A. Sciortino

_,561,251-9931

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 Cl\$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

The Sugar Chest Antique		:	
(<u>Name of the Limite</u>	d Liability Company as it now a A Florida Limited Liability Comp	oppears on our records.)
,	Tri triotted Elitaines Elability Comp	:	
The Articles of Organization for this Limited I	Liability Company were filed or	_n October 13, 200	and assigned
Florida document number L08000096354		:	
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
		•	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability (Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if appli	anhla:	,	
(Principal office address MUST BE A STRE			-
(Trincipal Office address MOST BE ASTRE	<u>ET ADDRESS)</u>	}	<u> </u>
Forter Dir III II II II II			To the C
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		7.
		*	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address office address here:	on our records, ent	er the name of the nev
Name of New Registered Agent:	Kathleen A. Sciortino	William - Communication and the second and the seco	
New Registered Office Address:	384 Rosewood Circle	l	
	,	Enter Florida street	address
	Boca Raton	. Florids	33487
	City	3	Zip Code
57 75 1 . 6			

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, 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>	Address	Type of Action
MGR	S Group Holdings LLC	384 Rosewood Circle	Add
		Boca Raton, FL 33487	Remove
		t .	
MGR	Kathleen A. Sciortino	384 Rosewood Circle	Add
		Boca Raton, FL 33487	Remove

-			Add
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	i ·
)
<u> </u>	
January 16 , 2013.	4
January 16 , 2013. Katheeu a.	Secortein
Signature of a member or authorized repre-	sentative of a member
Kathleen A. Sciortino	t .

Page 3 of 3

Filing Fee: \$25.00