

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CONSUMER PRODUCTS INTERNATIONAL, LLC

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FEB 16 2009

EXAMINER

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EMPIRE CORP KIT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSUMER PRODUCTS INTERNATIO		
Name of the Limited Liability (A Florida	y Company as it now Limited Liability Co.	wappears on our records.)
The Articles of Organization for this Limited Liability (Company were filed	on JAN, 30, 2009 and assigned
Florida document number L09000010127		
Florida document ministr Essect to 12.	··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability comp	any here:
INDEPENDENT GLOBAL SOLUTIONS, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability	y Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	LC 5
		HE EB
		S & C
Enter new mailing address, if applicable:		EC T
(Mailing address MAY BE A POST OFFICE BOX)	,	70
Intelling intelliges MAT DE A POSIC OFFICE MAN	<u></u>	
		 ਨੂੰਜੋ ਨਿ
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office addre lross here:	ess on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		(Enter Florida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registers	d Agents	
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	nd complete perfor igent as provided fi ed office addrass, i	mance of my duties, and I am familiar with and or in Chapter 608, F.S. Or, if this document is
	(If Changing Regist	tered Agent, Signature of New Megistered Agent)
	Page 1 of 2	
		H09000034348

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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:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u>-</u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	uge(s) here: (Attach additional sheets, if necess	9 FEB I
			3 AM 8: 44 SEF. FLORIDA
Dated FEBR	3	er or authorized representative of a member	
	Leonardo F. B	Brito	

Filing Fee: \$25.00

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