

LO9000027712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

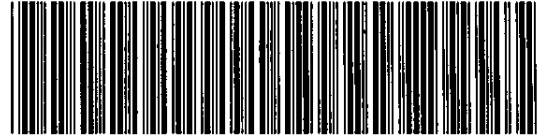
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 02 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN PRIVATE LABEL 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:

KAREN VERMILYEA

Name of Person

CDS INTERNATIONAL HOLDINGS, INC

Firm/Company

3299 NW SECOND AVENUE

Address

BOCA RATON, FL 33431

City/State and Zip Code

KAREN.VERMILYEA@CDSSHOLDINGS.COM

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

For further information concerning this matter, please call:

KAREN VERMILYEA

561 278-1169
at ()

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) \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

KAREN VERMILYEA
3299 NW SECOND AVENUE
BOCA RATON, FL 33431

SUBJECT: AMERICAN PRIVATE LABEL, LLC
Ref. Number: L09000027712

We have received your document for AMERICAN PRIVATE LABEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00009422

2017 JUN - 1 AM 11:21

TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

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

AMERICAN PRIVATE LABEL LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2009 and assigned Florida document number L09000027712.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3299 NW BOCA RATON BLVD
BOCA RATON FL 33431

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3299 NW BOCA RATON BLVD
BOCA RATON FL 33431

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TALLAHASSEE FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CDS INTERNATIONAL HOLDINGS, INC.

New Registered Office Address:

3299 NW BOCA RATON BLVD

Enter Florida street address

BOCA RATON

Florida 33431

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAPPA LLC	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JEROME RAYMAN	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WILLIAM H MILMOE	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FELIPE BARRIOS	6101 NW 74TH AVENUE SUITE	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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