09000034952

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To Barta Brasilia

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T. HAMPTON

JUN i 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunkist Technologies, 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:
Tara Yezbick Name of Person
Firm/Company
660 NW 38th St.
Pompano Bch FL 33064 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 540-4790 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

RECEIVED

09 JUN 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 5, 2009

TARA YEZBICK 660 NW 38TH ST POMPANO BEACH, FL 33064

SUBJECT: SUNKIST TECHNOLOGIES, LLC

Ref. Number: L09000034952

We have received your document for SUNKIST TECHNOLOGIES, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 309A00018973

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunkist	Te chnologi	ies		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now app Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Consider document number <u>LO9DDDD3495</u>		4-10-2009	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	ited liability company l	<u>here</u> :		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Cor	npany," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			- <u>38</u> -
				<u> </u>
			5	STAFE STAF STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAFE STAF STAFE STAF STAFE STAF STAF STAF STAF STAF STAF STAF STAF
Enter new mailing address, if applicable:				389,E
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	- 28
			<u> </u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		n our records, enter t	he name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:				
·		Enter Florida street add	ress	
	<u> </u>	, 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, 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>Address</u> Type of Action Title Name 1 Bhagan Soogrim MGR Remove Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00