

L09000055629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

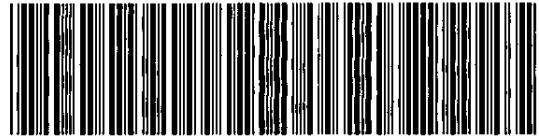
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10 FEB 12 PM 12:07
TALAHASSEE, FLORIDA

S. HAWKES

FEB 15 2010

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Sunshine State Chemicals, 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:

Aref Andrew Jordi
Name of Person

Sunshine State Chemicals, LLC
Firm/Company

8079 Cowington Ct.
Address

Lake Worth, FL 33467
City/State and Zip Code

Andrew.Jordi@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Andrew Jordi at (561) 254-2384
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32301-0000

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

Sunshine State Chemicals, 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 6/9/2009 and assigned Florida document number L09000055629.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8079 Covington Ct.
Lake Worth, FL, 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8079 Covington Ct.
Lake Worth, FL, 33467

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:

Aref Andrew Jordi

New Registered Office Address:

8079 Covington Ct.

Enter Florida street address

Lake Worth

City

FL, 33467

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Susan Chams	940 Sweetwater Lane Apt # 506 Coconut Raton, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AreF Andrew Jordi	8079 Covington Ct. Lake Worth, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 2/9/2010

Susan Chams
Signature of a member or authorized representative of a member

Susan Chams
Typed or printed name of signee