L09000087464

Office Use Only



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09 SEP 15 PH 3: 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

OF SEP 15 PH 1: 39

B. KOHR

SEP 1 5 2009

EXAMINER



ON SERVICE COMPANY.					
	ACCOUNT NO.	:	12000000	195	
	REFERENCE	:	125000	4305390	Sivit O9
	AUTHORIZATION	:	Smille	lenan	NISION OF SEP
	COST LIMIT	:	\$ (25.00		75 GR
ORDER DATE :	September 15, 200	9			PH 3: 21
ORDER TIME :					21
ORDER NO. :	125000-005				
CUSTOMER NO:	4305390				
NAME:	SUZBEV, LLC				
NAME:	SUZBEV, LLC				
EFFECTIV	/E DATE:				
	S OF AMENDMENT O ARTICLES OF INCO	RPC	RATION		
PLEASE RETURN	THE FOLLOWING AS	PRC	OF OF FILE	NG:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA	NDI	NG		
CONTACT PERSON	N: Matthew Young		EXT# 2962		
		EXA	MINER'S IN	ITIALS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SUZBE	EV, LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now an Liability Compa	<mark>nears ол our rec</mark> ords.) ny)	
The Articles of Organization for this Limited l	Liability Company	were filed on	September 10, 2009	_ and assigned
Florida document number <u>L09000087464</u>	<u> </u>			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company	here:	
The new name must be distinguishable and end w	ith the words "Limi	ited Liability Co	ompany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	6287 Bahia Del Mar Circle, Unit 907			
(Principal office address MUST BE A STRE	ET ADDRESS)	St. Petersburg, FL 33745		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				All and the second seco
B. If amending the registered agent and registered agent and/or the new registered of			on our records, enter the	name of the nev
Name of New Registered Agent:				····
New Registered Office Address:	6287 Bahia Del Mar Circle, Unit 907 (Enter Florida street address)			
	St. Petersbu		, Florida <u>337</u>	45
		(City)		(Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			^dd
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	_
			<u> </u>
Dated <u>Sept</u>	ember 14 , 2009	·	
	Signature of a member	or authorized representative of a member	
	Kim McEllen, Auth	norized Representative	

Page 2 of 2

Filing Fee: \$25.00