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| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| <u> </u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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C. LEWIS

JAN 3 2013

EXAMINER

COVER LETTER

| ТО: , | Registration Se Division of Cor | ction porations 🌉 🕌 | 900 PD | . Au | | | |
|-----------------------------------|------------------------------------|--|--|---|--|--|--|
| SUR IF <i>(</i> | | e Brands, LLC | * , * | | | | |
| Name of Limited Liability Company | | | | | | | |
| The encl | osed Articles of | Amendment and fee(s) are subt | nitted for filing. | | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Lana Khalfin | | | | | |
| | | | Name of Person | | | | |
| | | Sunshine Brands, LL | C | | | | |
| | | | Firm/Company | | | | |
| | | | | | | | |
| | | | | | | | |
| | Fort Lauderdale, Florida 33316 | | | | | | |
| | | City/State and Zip Code david@sunshinebrandsllc.us | | | | | |
| | | E-mail address: (to | o be used for future annual report notificati | on) | | | |
| For furth | er information c | concerning this matter, please ca | all: | | | | |
| David | Muskat | | 305 761-7401 | | | | |
| - | Name o | of Person | Area Code & Daytime Te | elephone Number | | | |
| Enclosed | is a check for t | he following amount: | | | | | |
| \$25.0 | 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:

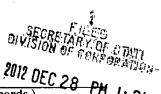
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brærd≤ Sunshine Brnads, LLC



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

| | 9/29/2009 | |
|--|---|------------------------------------|
| The Articles of Organization for this Limited Liabili | ty Company were filed on | and assigned |
| Florida document number | . | |
| | | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The first of the f | , | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Company," the desi | ignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET Al | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 0 | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | s, enter the name of the nev |
| registered agent and/or the new registered office | aduress nere. | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida | street address |
| | | |
| _ | , F | lorida Zip Code |
| | Cuy | zip coue |

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 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

j

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------|----------------|
| MGRM | Iris Rodriguez | 511 SE 6th Avenue | Add |
| | | Deerfield Beach, FL 33441 | Remove |
| MGRM | Cynthia Charron | 103 N. Country Club Drive | |
| | | Warwick, RI 02888 | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | 2012 DEC 28 PM |
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| | | | & Remove |

| D. If a | mending any other information, enter change(s) here: (Attach additional sheet | ts, if necessary.) |
|---------|---|---|
| | FEYEIN NUMBER 27-10774 | O 3 SECRETARY OF STATE DIVISION OF CORPORATION 2012 DEC 28 PM 1: 25 |
| | | |
| Dated _ | Signature of a member or authorized representative of a mer | nber |
| | LANA KHALFIN Typed or printed name of signee | |
| | Page 3 of 3 | |

Filing Fee: \$25.00