

L10000008034

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 19 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peerless Brands, 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:

Benjamin J. Porter

Name of Person

Peerless Brands, LLC.

Firm/Company

PO Box 330448

Address

Atlantic Beach, FL 32233

City/State and Zip Code

Ben.Porter@PeerlessBrands.com

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

For further information concerning this matter, please call:

Benjamin J. Porter

Name of Person

at (**704**)

560-7317

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

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

Peerless Brands, 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 01/21/2010 and assigned
Florida document number L10000008034.

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TALLAHASSEE, FLORIDA

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1819 N. 3rd Street

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

1819 N. 3rd Street

Enter Florida street address

Jacksonville Beach

Florida

32250

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.

[Signature]
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

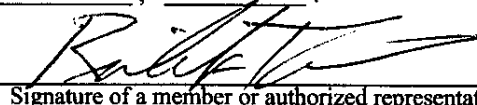
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>	<u>Action</u>
MGRM	Luis M. Cuevas	430 Timberwalk Ct. Unit 1012 Ponte Vedra Beach, FL 32080	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGRM	Chris Hionides	1819 N. 3rd St. Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGRM	Benjamin J. Porter	1819 N. 3rd St. Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGRM	Richard F. Trendel III	1819 N. 3rd St. Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
MGR	Benjamin J. Porter	2233 Seminole Rd. #33 Atlantic Beach, FL 32233	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove

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CLERK OF STATE

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

Dated April 9, 2010



Signature of a member or authorized representative of a member

Richard Trendel

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00