L10000035988

| (Re | questor's Name) | |
|-------------------------|-------------------|------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | | |
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10 APR -9 PM 4: 39
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
APR 12 2010
EXAMINER

COVER LETTER

| Division of Co | orporations | | | |
|---------------------------|---|--|-------------------------------------|--------------------------------|
| SUBJECT: | CSN S | Sweets, L.L.C. | | |
| | | ited Liability Company | | |
| | | | | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | | Dan Caro | | |
| | | Name of Person | | |
| | | CSN Sweets, L.L.C. | | |
| | | • | | |
| | 3 | 3905 Braewood Circle | | |
| | Address | | | |
| | | Plano, TX 75093 | | |
| | City/State and Zip Code | | | |
| | W | est52cc@verizon.net | | Pr s |
| | | to be used for future annual repo | et notification) | A T |
| For further information | concerning this matter, please of | call: | | AS: 70 |
| | Dan Caro | at (972) | 307-1279 Daytime Telephone Numbe | APR -9 PH 4:40 AIRASSEE FLORID |
| Name | of Person | Area Code & | Daytime Telephone Numbe | [63] + D |
| | | | · | AND THE |
| Enclosed is a check for | the following amount: | | | |
| S25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | sclosed) Certified | ate of Status & |
| | | | | |

MAILING ADDRESS:

TO:

Registration Section

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

| CSN | Sweets, L.L.C. | | |
|--|--|---------------------------|-------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | y <mark>Company as it now apper</mark> Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability C | Company were filed on | 04/01/2010 | and assigned |
| Florida document number L10000035988 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company he | <u>re</u> : | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Comp | any," the designation "l | AC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | 一点 さ |
| | | | |
| Enter new mailing address, if applicable: | | | -9 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | our records, <u>enter</u> | the name of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E | nter Florida street ada | lress |
| | | , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records;</u>

MGR = Manager MGRM = Managing Member Title | Name Address Type of Action **MGRM** Consuelo Caro _ Add

✓ Remove 1362 Alt 19, Nicholas Plaza Holiday, FL_34691 MGRM Dan Caro 1362 Alt 19, Nicholas Plaza ✓ Add Remove Holiday FL 34691 ____ Add Remove Remove □Add Remove $\square Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ April 7 Signature of a member or authorized representative of a member Dan Caro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00