#1 10000068390

(Requestor's Name)					
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EXAMINER
JUL 1 2011

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	LAC Acquisition & [Distribution Company, LL	.C		
Name of Limited Liability Company						
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Marion Uter	_		
			Name of Person			
		N	Majestic Candies LLC			
			Firm/Company			
			1637 SE 12th Court			
			Address			
		Ft.	Lauderdale, FL 33316			
		•	City/State and Zip Code			
			irionuter@hotmail.com to be used for future annual report notifica	ation)		
For fur	ther information	concerning this matter, please of	call:			
	_					
<u> </u>		ninic P. Perrotta of Person	at (251) 7 Area Code & Daytime 1	86-5696 Felephone Number		
Enclose	ed 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:

TO:

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 JUN 30 AM 8: 24

LAC Acquisition & Distribution Company, LLC6/25/2010 And Company (Name of the Limited Liability Company as it now appears on our records.) ITASSEE, FLORIDA

The Articles of Organization for this Limited Lia	ability Company were file	ed on6/	25/2010	and assigned
Florida document numberL10000068	390			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability con	pany here:		
Maje	stic Candies Compa	ny, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabi	lity Company," th	e designation "LLC	or the abbreviation
Enter new principal offices address, if applica	ble: Same	<u> </u>	<u>. </u>	
(Principal office address MUST BE A STREE)	(ADDRESS)			
Enter new mailing address, if applicable:	Same)		
(Mailing address MAY BE A POST OFFICE L	<u></u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	0	ress on our re	cords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Same			
New Registered Office Address:		Enter Flo	rida street addres	is
			. 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

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
	27 June	2011	- - -

Page 2 of 2

Filing Fee: \$25.00