111000059063

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





600211767676

09/07/11--01016--007 **25.00

THEP -7 PH 3: 06
SLOKE ASSEE FLORIDA

B. BOSTICK
SEP 8 2011
EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJĖCT:	Sum Smine Name of Lim	USA UC (DBA:	MR BEVERAGE)
	of Amendment and fee(s) are su	_	
		N REHANA Name of Person 2 USA LLC	
	Sun Shin	Firm/Company > WILES Road Address	
	_	City/State and Zip Code yhao · Com (to be used for future annual report notification	1 SEP - 7 P
	n concerning this matter, please		PH 3: 07
	e of Person	at (<u>954) 651-131</u> Area Code & Daytime Tele	ephone Number
Enclosed is a check fo	r 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)
Reg	ILING ADDRESS: istration Section	STREET/COURIER A Registration Section Division of Corporation	

Division of Corp P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHIN	IE USA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appe d Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	MAY 19, 2011	and assigned
Florida document number <u>L11000059063</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	e <u>re</u> :	
		٠,	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Com	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:	ZESM	IN REHAN	A
(Principal office address MUST BE A STREET ADDRESS)	7800-7	802 WILLS R	oad
	Coral	springs. Fr	13067
Enter new mailing address, if applicable:	S	AME ABOVE	
(Mailing address MAY BE A POST OFFICE BOX)			٠
		E.	er =
	- - · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on	our records, enter th	e name of the new
registered agent and/or the new registered ornice address in	<u>ci e</u> .	(i	Te To III
Name of New Registered Agent:			= 0
New Registered Office Address:			
New Registered Office Address.	E	Inter Florida street addr	ess
		, 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

MGR = Manager

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:

MGRM = N	lanaging Member		·
Title	<u>Name</u>	Address	Type of Action
MGRM	MOHAMMAD R. ISLAM		Add Remove
MGRM	MOHAMMAD M. HAIDER		Add Remove
MGRM	ZESMIN REHANA	7802 WILES ROAD CORAL SPRINGS, FL. 33067	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	Ā _C
			TI SEP -7 PH
Dated	August 30, 2	011	3: 07
	Signature of a member	er or authorized representative of a member	
	Z	ESMIN REHANA	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00