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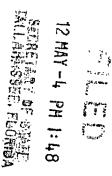
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EXAMINER



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COVER LETTER

TO: Registration 3 Division of C		* ½-	n en
SUBJECT:	Eco-Sublime	es International, LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are su	_	
riease return an corres	pondence concerning this matte	r to the following:	
		Constance Stanley	
		Name of Person	
	EcoS	ublimes International, LLC	
•		Firm/Company	
	1835 E	Hallandale Beach Blvd # 169	
		Address	
	Hallar	idale Beach, Florida 33009	
		City/State and Zip Code	
<i>,</i>	E-mail address: (ublimes2012@gmail.com to be used for future annual report notificati	ion)
For further information	concerning this matter, please of	·	,
Cor	nstance Stanley	at (786) 27	7-5572
	of Person	at (700) 27 Area Code & Daytime Te	
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)
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eco-Sublimes Int	ernational, L	LC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	12/20/2011	and assigned
Florida document number <u>L11000142734</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
EcoSublimes Inte	rnational, LLC		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		jang Jine	13) N
		7h.	<u> </u>
Enter new mailing address, if applicable:		(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Malling address MAY BE A POST OFFICE BOX)		vr	77 36 191
•		Ş.;	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter tl</u>	ne name of the nev
	:		
Name of New Registered Agent:	······································		
New Registered Office Address:			
-	Eni	er 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 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

	Name	Address	Type of Actio
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
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Page 2 of 2

Filing Fee: \$25.00