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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

10;	Division of Cor			er e	
SUBJE	·CT·	Southern Sund	owners Blends, L.L.C.		
SUDJE	.c.i.		ted Liability Company	444-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Jason E. Havens		
			Name of Person		
	Havens & Miller, P.L.L.C.				
	Firm/Company				
	P.O. Box 5496				
			Address		
		D	estin, FL 32540-5496	<u> </u>	
		ion	City/State and Zip Code		
		E-mail address: (on@trustestatelaw.net to be used for future annual report notifica	tion)	
For fur	ther information o	concerning this matter, please o	eall:		
	.la	son Havens	at (850) 4	24-6442	
		of Person	Area Code & Daytime		
Enclos	ed is a check for t	he following amount:			
₹ \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	
		Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
				(additional copy is choiosed)	
		ING ADDRESS: ration Section	STREET/COURIE Registration Section		
Division of Cornerations			Division of Corporat		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tailahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Sundowners Blends, L.L.C.
(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 10/05/2011 and assigned 12000002016
Florida document number L12000002016
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Chaste Company, L.L.C.
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)
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:
Enter Florida street address
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
Yhanda accept the appointment of positioned group and games to get in this concepts. I fouther games to complement
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

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	water-Producted and a shall be a shall be		☐ Damaya
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			Add Remove
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<u>.,</u>	,		Add
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if nece	essary.)
			
			SEDAE WAS
Dated	May 4	<u>, 2012</u> .	NRY OF
	Duhy	f a member or authorized representative of a member	F.S
	Signature o	Ricky Fannin	ORIDA
	- 	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00