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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpora	n ations				
SUBJECT:	SUCRE Name of Limite	ed Liability Company			
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.			
Please return all corresponder	nce concerning this matter to	o the following:			
_	MICH	HEULE CABREA Name of Person	2A		
_		Firm/Company			
_	775		WAY	2013 SEP	
<u>-</u>		City/State and Zip Code e_ac3@hotmail be used for future annual report notification	157 1, com	ARY OF PIAN ASSECUPTION	
For further information conce				Sign T	
MICHELLE (CABRERA	at (780) 385-38 Area Code & Daytime Te	246 Elephone Number		
Enclosed is a check for the fo □ \$25.00 Filing Fee	llowing amount: \$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
MAII INC	ADDDESS.	CTDEET/COUDIED	ADDDESS.		

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUCRE	TTE . (1.C.,		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it no Limited Liability C	ow appears on ou	r records.)	_
The Articles of Organization for this Limited Liability C Florida document number	Company were file			nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability com	pany here:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liabil	ity Company," the	designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS))	2013
			[()	S T
			1-3° 601)	2
Enter new mailing address, if applicable:	•		137	ω . ————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)				
			\$3.25 3.125	
D. If amouding the posistand agent and/an accident			時間でき */* 	_
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our rec	oras, <u>enter the n</u>	ime of the new
	.			
Name of New Registered Agent:	KATY	MOSER	BRANDE	L
New Registered Office Address:				
	4 B 401 MARI	Enter Flor	ida street address	
			_, Florida	
	City		Ziį	Code
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper at accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	nd complete perfi gent as provided ed office address	ormance of my of Jor in Chapter (Jor in Chapter (, I heraby confir	luties, and I am fai 508, F.S. Or, if this m that the limited	miliar with and s document is liability
		stered Agent, Signa	ture of New Registere	d Agent
	Page 1 of 3			

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

<u>Title</u>	Name	Address	Type of Action
MGRM	MICHELLE CABRERA	8224 SW 201 TER.	
		CUTLER BAY, FL 33189	Remove
	·		Add
			Remove
		3.° 	2013 PAdd
		277 279 201 101 101 101 101 101 101 101 101 101	Remove
			Add
			Remove
			- Add
			Remove
			Add
			Add

	<u> </u>
_	
_	
_	
	SEPTEMBER 20, 2013.
	Signature of a member or authorized representative of a member
	MICHTELE CABRERA Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00