Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000179019 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

Phone Fax Number : (800)494-3124 : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

The - 1 T	Addrose.				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VEND NATURAL OF PALM BEACH, LLC

Certificate of Status 0 Certified Copy 0 03 Page Count Estimated Charge \$25.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help JUL 11 2012

EXAMINER

GreenspoonMarder

To: Division of Corporations

Company:

Fax: 18506176383

Phone:

From: Isabelle Klein

Fax:

1026

Phone: E-mail:

Isabelle.Klein@gmlaw.com

NOTES:

Amendment to Application for Authorizatino to Transact Business

12 JUL 10 AM 2: 30

Date and time of transmission: 7/10/2012 3:13:26 PM Number of pages including this cover sheet: 6

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H12000179019 3

VEND NATURAL OF I					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appe	ars on our records.			
The Articles of Organization for this Limited Liability Company Florida document number	, , ,		and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Com	pany," the designation	"LLC" or the abbreviation		
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)			12 JUL		
B. If amending the registered agent and/or registered of	Tice address on	our records entel	The name of the new		
registered agent and/or the new registered office address her	<u>e:</u>	our records, <u>ence</u>	2: 30 STATE LORIDA		
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street e	address)		
	. Florida				
	(City)	, Piorida _	(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)

· 1 1

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:

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MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REBENA RUIP	13785 D BOTTLEBRUSH COURT WELLINGTON FL 33414	7 Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	-		Add Remove
	•		Add Remove
			Add Remove
D. If a		enter change(s) here: (Attach additional sheets, if necessarily) in ETAIL - PLEASE UPDATE THE SPELLING OF REBENA RUIP	
Dated _	JULY 10	, 2012	
		rgrature of a member or authorized representative of a member	
		ZACHARY RUIP Typed or printed name of signee	
		Typed of printed name of signoc	

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