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SECRE MARY OF STATE
TALLAHASSEF, FLORIDA

OCT = 3 2013 T. HAMPTON

## **COVER LETTER**

Division of Cor			
SUBJECT:		s Factory, 12C ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		Name of Person	
		Summer Rolls F	factory LLC
	5300 L	Vest attantic ave	, Scrite 412_
	Delray	Beach, F. L. City/State and Zip Code	
	E-mail address: (to	guyle @ gmail.com	on)
For further information c	oncerning this matter, please ca	all:	
) e (	Person )	at (561) 543 - C Area Code & Daytime To	91144 elephone Number
Enclosed is a check for the	he 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)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Summer,	Rolls Factory, UC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on 01-18-2013 and assigned
Florida document number <u>not yet assigner</u>	- FED I.D - 462214729
L130000	
This amendment is submitted to amend the following	ligited liability company horse
A. If amending name, enter the new name of the	minited hability company nere:
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<b>x</b>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
-	, Florida City Zip Code
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LE, BAO, N.	5300 West atlantic ave,	Suite 4 Laa
		Delray Beach, F.L.	Remove
MGRM	Le, auy, N.	5300 West attentic aux, s	
		Delray, Beach, FL	Remove
MGRU		5300 West attantic Que, Sui	
		Delray Beach, FL.	Remove
		TALL PARTY OF TA	2013 OCT
		유민 동편 요요.	_ \frac{1}{2} Remove
		ALLAHAS CE, FLORID	PH 2: 2
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<u>,                                      </u>	· · · · · · · · · · · · · · · · · · ·
09/30/201	<u>3</u> .
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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