

L17000026153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

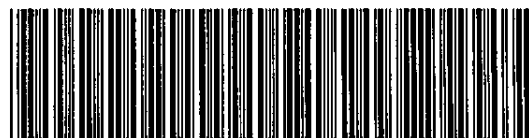
(Business Entity Name)

(Document Number)

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SULLIVAN, I. 168156

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Exclusive Sunshine Products LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael McLaren  
Name of Person

Exclusive Sunshine Products  
Firm/Company

2028 Harrison Street, Suite 201-S  
Address

Hollywood FL 33020  
City/State and Zip Code

michael@miamisilk.com jeff@miamisilk.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McLaren at (305) 766 7449  
Name of Person Area Code Daytime Telephone Number

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)

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**

Exclusive Sunshine Products LLC

(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 02-20-2013 and assigned  
Florida document number L13000026153.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

2028 Harrison Street, Suite 201-5  
Hollywood FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1835 E Hallandale Bch Blvd #147  
Hallandale Beach FL 33009

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:

Michael McLaren

New Registered Office Address:

2028 Harrison Street Suite 201-5

*Enter Florida street address*

Hollywood  
*City*

Florida

33020

*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 605, 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*

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEFFREY LAWREN	956 Harrison Street Hollywood FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brandi Rudicil	1750 NE 191 St MIAMI FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Juan Vergara	1750 NE 191 St MIAMI FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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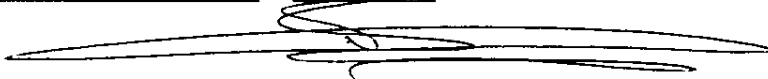
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated Jan 9<sup>th</sup> 2014



Signature of a member or authorized representative of a member

MICHAEL MCLAREN

Typed or printed name of signee

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Filing Fee: \$25.00

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