

L13000078878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-31-13

To Whom It May Concern,

Amendment

Please be advised that the articles of ~~correction~~ are amending inaccurate information on the registered agent & mailing address thereof, the single managing member & address thereof and the mailing address of the organization.

The inaccurate information provided was as follows:

1.) Registered Agent & Address:
Demi L Pietchell
664 Hollows Circle
Deerfield Beach, FL 33442

2.) Address of principal office
664 Hollows Circle
Deerfield Beach, FL 33442

3.) Name & Address of managing member/manager:
Demi L. Pietchell
1627 Firethorn Drive
Wellington, FL 33414

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The correct information is as follows:

1.) Registered Agent & Address:
Robin deLisser
301 W. Atlantic Ave, Suite 0-5
Delray Beach, FL 33444

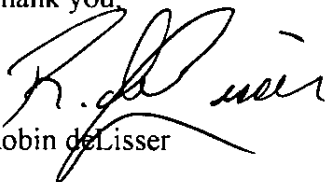
2.) Address of principal office
301 W. Atlantic Ave, Suite 0-5
Delray Beach, FL 33444

3.) Name & Address of managing member/manager:
Robin deLisser
301 W. Atlantic Ave., Suite 0-5
Delray Beach, FL 33444

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Please do not hesitate to contact us with any questions.

Thank you



Robin deLisser

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: Brain Candy, 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:

Robin deLiser

Name of Person

Brain Candy, LLC

Firm/Company

301 W. ATLANTIC Ave., Suite 0-5

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

Robin @ BRAIN CANDY. US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin deLisser

Name of Person

at (561) 908-1708

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

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BRAIN CANDY, 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 5.31.13 and assigned Florida document number 43000078878.

This amendment is submitted to amend the following:

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

N/A

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)

301 W. ATLANTIC AVE, Suite 0-5
DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 W. ATLANTIC AVE, Suite 0-5
DELRAY BEACH, FL 33444

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:

ROBIN DELISSER

New Registered Office Address:

301 W. ATLANTIC AVE, SUITE 0-5

Enter Florida street address

DELRAY BEACH

Florida

City

FILED
AUG 3 5 11
STATE OF FLORIDA

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.

R. Delisser

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>DEMI L. PIETCHELL</u>	<u>1627 FIRETHORN DRIVE</u>	<input type="checkbox"/> Add
		<u>WELLINGTON, FL 33414</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ROBIN DELISSER</u>	<u>301 W. ATLANTIC, AVE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 0-5</u>	<input type="checkbox"/> Remove
		<u>DELRAY BEACH, FL 33444</u>	
			<input type="checkbox"/> Add
			<input 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.)

N/A

Dated July 31st, 2013.

Signature of a member or authorized representative of a member

ROBIN DELISSER

Typed or printed name of signee

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Filing Fee: \$25.00

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