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SECRETARY OF STATE
DIVISION OF CORPORATIONS

'JUL 3 0 2013 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: SUDZ N TOSS 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:
CHARLES E HEATH CPA. Name of Person
CHARLES E. HEATH, CPA, P.A. Firm/Company
32-C SE OSCEDLA STREET Address
STUART, FL 34994 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHARLES HEATH at (772) 286-5669 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	N TOSS, LLC	<u> </u>
(A I	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia		and assigned
Florida document number <u>L1300009</u> 1	<u>1524</u> .	_ 0
This amendment is submitted to amend the follow	wing:	SECRE
A If amonding name and a discourse of	Al. 18	OF COP
A. If amending name, enter the new name of t	the limited liability company here:	- P COSC
		구 중요0
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	<i>∽</i>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	-	
B. If amending the registered agent and/or	r registered office address on our records, <u>er</u>	nter the name of the new
registered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:		
	779376	
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	la
	City	Zin 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

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 **Title** <u>Name</u> **Address** Type of Action MGR DEBORA M. FISKE 2307 SE PINERO ROAD PORT ST. LUCIE, FL 34952 Remove Remove Remove

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
ited July 25	
	CE HOOK CA
	Signature of a member or authorized representative of a member CHARLES E HEATH CPA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STALE
DIVISION OF CORFORATION