L13000130672

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SECRETARY OF STATE
IALLAHASSEE FRANCE

Laura CER 2 3 7978

COVER LETTER

чO:	Registration Section Division of Corporations	
SUBJE	SugarPea Design 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:

Wendy Ramlakhan		
Name of Person		
SugarPea Designs LLC		
Firm/Company		
9926 Chorlton Circle		
Address		
Orlando FL 32832		
City/State and Zip Code		
wendy@ramlakhan.net		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Wendy Ramlakhan	407 ₄ 92-7605
Name of Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

 □\$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

SugarPea Design LLC			
(<u>Name of the Limite</u>	<mark>d Liability Comp</mark> A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number <u>L13000130672</u>	Liability Compar		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
SugarPea Designs LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lir	nited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		APP SERVICE
Enter new mailing address, if applicable:		N/A	FILE SEP 20 AHASSEE,
(Mailing address MAY BE A POST OFFICE	Tree maning address, it appricates.		70 2 0
maning dadress MIII BE AT OST OFFICE	BOA		4: 29 RIDA
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
The state of the s		Enter Fl	orida street address
			, Florida
		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 Changing Registered Agent, Signature of New Registered Agent

ding the Managers or Managing Members on our records, enter the title, name, and address of each Manager managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A	N/A	Add
			Remove
			Add
			Remove
			13 SEP 2D Refidive
			Refititive D Refititive D Refititive D Add
			Remove
			Add
		 	Remove
			Add
			Remove

N/A		
 .		
September 16	2013	
Wendy Ro	mlakhan	
() Signature Wendy Ramlakhar	of a member or authorized representative of a memb	er
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	
	Page 3 of 3	
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