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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

CANDYDISHCLUB, 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:

Sanford Goldman

Name of Person

CandyDishClub, LLC

Firm/Company

13900 Jog Rd, Suite #203-178

Address

Delray Beach, FL 33446

City/State and Zip Code

sandy@goldman.net

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

For further information concerning this matter, please call:

Sanford Goldman

561, 213-0299

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

CANDYDISHCLUB, LLC (Name of the Limited Lia (A Flo	ibility Compa orida Limited 1	ny as it now appears on our records.) Liability Company)		-	
The Articles of Organization for this Limited Liabilit Florida document number L13000147660	y Company 	were filed on 10/21/13	and a	assigne	ed
This amendment is submitted to amend the following	Ţ;				
A. If amending name, enter the new name of the					
The new name must be distinguishable and end with the words Enter new principal offices address, if applicable:		oility Company," the designation "LLC" or the	abbreviatior	ı "L.L,C	
(Principal office address MUST BE A STREET AD		Suite #203-178	·		C."
		Delray Beach, FL 33446		2014 J	paran
Enter new mailing address, if applicable:		13900 Jog Rd		UH -2 P	
(Mailing address MAY BE A POST OFFICE BOX)	2	Suite #203-178	1 (1 """ 3.4	<u> </u>	garant et Tak
		Delray Beach, FL 33446	<u> </u>	=	
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	address her		the nam	us ie of t	the nev
	· · · · ·	Enter Florida street address	• •		

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.

Delray Beach

If Changing Registered Agent, Signature of New Registered Agent

Florida 33446

Zip Code

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>Address</u> Name Type of Action William Waldman 4201 Tollgate Rd **MGRM** □ Add New Hope, PA, 18938 **■** Remove Kenneth Waldman 425 Conshohocken State Rd **MGRM** □ Add Gladwyne, PA 19035 ■ Remove □ Remove □ Add _□ Add □ Remove

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fective	date, if other than the date of filing: (optional)
	ve date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00