

JUN/05/2015 1:47 PM

6/4/2015

L14000049578

P. 001/004

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000133446 3)))



H150001334463AEC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE GUMMY COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 JUN -4 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -4 AM 8:30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUN 05 2015

Electronic Filing Menu

Corporate Filing Menu

Help

3 MASON

JUN/04/2015/THU 12:40 PM

FAX No.

P. 002/004

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

The Gummy Company 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 03/26/2014 and assigned  
Florida document number L14000049578

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C.H. Accounting & Tax Services, Inc.

18137 NW 89 Place

Hialeah, FL 33018

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:

C.H. Accounting & Tax Services, Inc.

New Registered Office Address:

18137 NW 89 Place

Enter Florida street address

Hialeah

Florida 33018

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 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -4 AM 8:30  
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JORGE GUTIERREZ	11701 NW 102 ROAD, STE # 14	<input type="checkbox"/> Add
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW B. NUDELMAN	11701 NW 102 ROAD, STE # 14	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUN - 4 AM 8:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

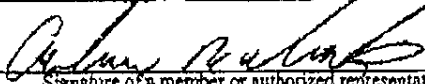
**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

**E. Effective date, if other than the date of filing:** MAY 28, 2015 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

6/22015

Signature of a member or authorized representative of a member

ANDREW B. NUDELMAN

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -4 AM 8:30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS