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(Do	ocument Number)	
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COVER LETTER

TO:							
CUDA		BRANDING LLC					
SOBJ	Registration Section Division of Corporations CERTIFIED BRANDING LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. asserturn all correspondence concerning this matter to the following: JEFFREY REZNIK						
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	e return all correspor	ndence concerning this matter	to the following:				
		JEFFREY REZNIK					
			Name of Person	,			
CERTIFIED BRANDING LLC							
Firm/Company							
3140 SOUTH OCEAN DRIVE SUITE 1610							
			Address				
		HALLANDALE BEACH,	FL 33009				
			City/State and Zip Code				
			•				
		E-mail address: (to be used for future annual report notifi	cation)			
For fu	orther information co	oncerning this matter, please ca	all:				
JEFF	REY REZNIK		973 864-4448 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclo	sed is a check for the	e following amount:					
a \$2	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:

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TO:

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

(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L16000055695</u> .	filed on 3/18/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
	18.7
he new name must be distinguishable and contain the words "Limited Liability Cor	in the second
Enter new principal offices address, if applicable:	The first constant
Principal office address MUST BE A STREET ADDRESS)	
	URINE LE
Enter new mailing address, if applicable:	DA 8
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, enter the name of th
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	ity 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorizeu 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>	Type of Action
MGR	JEOVANY CALERO	174 BEAUFORT ST	□ Add
		PROVIDENCE, RI 02908	■ Remove
			☐ Change
		_	
			□ Remove
			☐ Change
			☐ Add
			Remove
			☐ Change
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			☐ Remove
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ote: If the d	ate is listed, the date n late inserted in this	block does not m	neet the applicable	te of filing or more t statutory filing re	nan 90 days an quirements, th	er ming.) iis date v	Pursuant vill not b	to 605.02 be listed a
ocument's ef	ffective date on the	Department of S	tate's records.					
record s	pecifies a delay	ed effective d	ate, but not an	effective time	e, at 12:01	a.m. o	n the	earlier
	day after the re		,					
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ated	***		·			- برق ماران مرازان ماران	1172 1172	* *******
						in ini Juni Jaron	11.00	6
		Signature of a n	nember or authorized	I representative of a	member	32	- 1845-11	1 2 3
JE	FFREY REZNIK					of s	U	
			Typed or printed na	ne of signee		- <u>SS</u>	1	

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Filing Fee: \$25.00