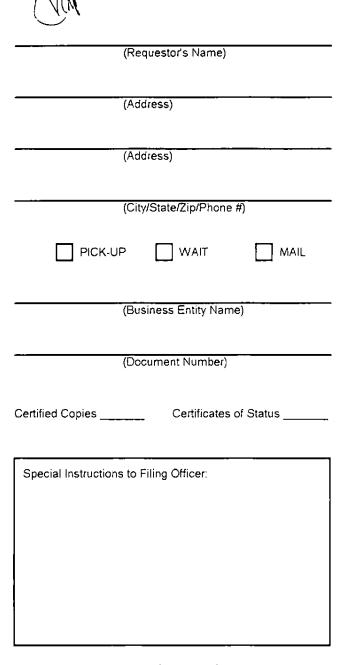
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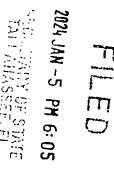






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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL SUNDAY LLC Name of Limited Liability Company	
estance of familied facounty Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeffery Briggs Jame of Person	
ALL SUNDAY LLC Pirm/Company	
4908 Crowder St.	
Pace, FL 32571 City/State and Zip Code admin@all Sunday.org E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future anifold report notification)	
For further information concerning this matter, please call:	
Jeffery Briggs at (850) 686-2168 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy tadditional copy is enclosed	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	irs on our records.)	
The Articles of Organization for this Limited E Florida document number <u>L 23 000 3</u>	•	-	7/28/2	<u>スのよろ</u> and a	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lia	bility company h	<u>iere</u> :		
GENERIC BRAN	D SYS	TEMS	LLC		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company." the	designation "LLC" o		L.L.C."
Enter new principal offices address, if appli	cable:			<u> </u>	
(Principal office address MUST BE A STRE	ET ADDRESS)			JAN DA	<u> </u>
				्रहर्षे य	
				SS Z	<u>i i i</u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	(BOX)			<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our i	records, <u>enter th</u>	ie name of the no	ew registered
Name of New Registered Agent:					
New Registered Office Address:	Interest MUST BE A STREET ADDRESS) Anailing address, if applicable: Anai				
	PACE			ida <u>3257</u> Zip Code	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ALL SUNDAY LLC

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.

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<u>te:</u> If the date	e inserted in th	the date of f e must be specific his block does n he Department	not meet the ap	plicable statuto	ng or more than 90 ry filing requirer	(optional) days after tiling ments, this date) 2.) Pursuant to 602 e will not be list	5.0207 ed as
cord specifies s filed.	s a delayed eff	ective date, but	not an effectiv	ve time, at 12:0	l a.m. on the ear	lier of: (b) T	he 90th day afte	r the
		24						
_}=	effery	I Bug Signature	member or a	authorized repress	entative of a memb	ner -		