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SECRETARY OF STATE
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## COVER LETTER ·

TO: Registration Section
Division of Corporations

SUBJECT: CAFE DELIGHTS STIRLING ROAD 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:

RODRIGO ARBOLEDA

Name of Person

AUDIMCO CONSULTINE

Firm/Company

220 SW 136 AVE

Address

MIAMI FL. 33184

City/State and Zip Code

RODRIGOARBOL & YAHOO- COM

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

For further information concerning this matter, please call:

RODRIGO ARBOLEDA

at (954) 707 6752 4102

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

FILED 2813 JUN 10 PH 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CAFE DELIGHTS STIRLING ROAD LLC.

(Name of the Limited Liab (A Flori	ility Company as it now appears o ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L 12 000 15 3 5	ty Company were filed on	/10/2012 and assigned
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u> </u>	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	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

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

MGR = Manager MGRM = Managing Member **Title** Name Address **Type of Action** CATALU CORPORATION 18330 SW 66 STREET MER SOUTH WEST RANCHES FLORIDA 33331 Remove Remove Remove Remove Remove

٠.	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- -	
ed	MAY 6 2013
- ed	MAY 6 2013  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

