

LD4000047393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

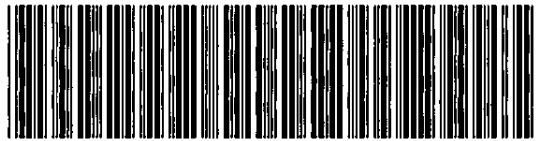
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100113460031

01/07/08--01007--003 **25.00

SECRETARY
DIVISION
08 JAN -7 PM 3:57

G. MCLEOD
JAN 08 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deco Gourmet, 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:

Sandra O Silva

(Name of Person)

Deco Gourmet, LLC

(Firm/Company)

2203 N Commerce Parkway

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra O Silva

(Name of Person)

at (954) 610-0281

(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

FILED
SECRETARY
DIVISION

08 JAN -7 PM 3:57

DECO GOURMET, LLC


(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 06/23/2004 and assigned
document number L04000047393.

SECOND: This amendment is submitted to amend the following:

Change the name from Deco Gourmet, LLC
to Deco Gourmet Restaurant, LLC.

Dated November 15th, 2007


Signature of a member or authorized representative of a member

Sandra O Silva

Typed or printed name of signee

Filing Fee: \$25.00