## 104000005317

(Req	uestor's Name)	
(Add	ress)	
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(		
(City)	/State/Zip/Phone	e #)
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(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
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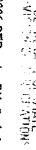
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. ~ •	COVER LETTER		
TO:	Registration Section Division of Corporations		
SUBJI			
	(Name of Limited Liability Company)		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	HEIKE BUSBY		
	(Name of Person)		
	ALLURE ACCOUNTING, LLC		
	(Firm/Company)	2	
	3665 BONITA BEACH ROAD, STE. 3	2006 SEP - I	SECF WISD
	(Address)	177	
	BONITA SPRINGS, FL 34134		RY OF D
	(City/State and Zip Code)	PH 3: 4	A S I
For fu	rther information concerning this matter, please call:	=	THE STATE OF THE S
	MARENA LOEFFLER at ( 239 ) 992-3355		
	(Name of Person) (Area Code & Daytime Telephone Number)		

\$55,00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELICIOUS THINGS NO. 1 ITALY, L.L.C.

		(A F	(Present Iorida Limited I	Name) Liability Compan	y)				
FIRST:	The Articles of document numb	Organization were L04000065317	filed on SEP	TEMBER 1, 200	04 and	l assigned			
SECOND:	The following liability compan	; amendment(s) t y:	o the Articles	of Organizati	on was/were	adopted by	the limi	ited	
	Article IV - The	Management of I	Business: MAN	NAGING MEME	BERS/MANAG	SERS			
	ZITT	INARI, ROBERTO AUER STRASSE LIN, GERMANY (	54A	BE					
							2006 SEI	SEI SEI	
							<u> </u>		
								RY O	•
Dated AUG	SUST 28	,	2006				PM 3: 41	) F STATE	
		_ <u>&amp;</u>	( el	6.	<u> </u>	-			
		Signature of a me	mber or authori	zed representativ	e of a member			• -	
		3	S/tw NE	BEEL	4CT				_
		Т	yped or printed	name of signee					

Filing Fee: \$25.00