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SECRETARY OF STATE
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### **COVER LETTER**

TO: Registration Section .  Division of Corporations
SUBJECT: Spanish Paellas to Go by : Epicvreau Delights, 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:
Blanca Lopez (Name of Person)
Spanish Paulas to Go by : Epicurean Deligh
1925 Brickell Ave. Apt D1007
Miami, Fl. 33129 (City/State and Zip Code)
For further information concerning this matter, please call:
Slanca Lope Z at (787) 902 - 8225  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(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

08 MAR I AMII: 40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Spanish Paellas to Go by: Epiwrlaw Delight UC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 4 200 8 and assigned Florida document number LO80000 33141

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	(City)	, Florida(Zip Code)
		, Florida
New Registered Office Address:	(Enter Florida street address)	
•	/	
Name of New Registered Agent:	Wario Naar/	

#### 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 on Managing Member being added or removed from our records:

MGR ₹ Mar MGRM = M	nager Nanaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>CEO</u>	Maño Naar	1925 Brickell Ave Apt. DIDOT Miami, Fl. 33129	Add Remove
			Add Remove
<u>.                                    </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	sary.)
			08 MAR I I
Dated	,	  	RII AMII: 40 ETAILY OF STATE HASSEE TLORIDA
	21 . 1	aber or authorized representative of a member ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00