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EXAMINER

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

Division of Corp			
SUBJECT: DELI MA	ASTERS, LLC		a
SUBJECT		ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jorge Senior		,
		(Name of Person)	
	•		
		(Firm/Company)	
	1711 35th Street, Suite 1	05	
		(Address)	
	Orlando, Fl 32839		
	Onando, 11 02003	(City/State and Zip Code)	
For further information co	ncerning this matter, please c	ali:	
Jorge L Senior		at (_407)_497-6999	
(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)	
Enclosed is a check for the	e 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)
. Registra Division	NG ADDRESS: tion Section of Corporations	STREET/COURIER Registration Section Division of Corporatio	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELI MASTERS, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
(
The Articles of Organization for this Limited Liability Company w	ere filed on October 14, 2008	_ and assigned
Florida document number L08000096954		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
GOURMET2GO, LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		*****
_		····
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		 4
New Registered Office Address.	(Enter Florida street addr	TO COLUMN TO THE PARTY OF THE P
	, Florida	A T T
	(City)	(Zip Cale)
New Registered Agent's Signature, if changing Registered Agent:	u L	is a m
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree	7	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet	to act in this capacity. I further agree	To comply with
accept the obligations of my position as registered agent as pro	ovided for in Chapter 608, F.S. Or, if	this document is
being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	idress, I hereby confirm that the limit	ed liability
company has occur nonjica in minning of mis change.		

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:

	<u>Name</u>	<u>Address</u>	Type of Action
···			Add Remove
···			Add Remove
<u>,,</u>	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Pareavia
D. If amen	ding any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
_		, 3009 N.	O9 APR 28 AH IO SECRETARY OF S TALLAHASSEE FLI
—— Dated <u>April,</u>	22		P = 44 motors

Filing Fee: \$25.00