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SECRETARY OF STATE

D. BRUCE

JUN 7 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: PORK Deli 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 Hangnia Name of Person |
| Park Deli, LLC Firm/Company |
| 10407 CENTURION PKWY N, Ste 108 |
| Jacksonville, Fz 32256 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) COM (GS). net |
| For further information concerning this matter, please call: |
| Sandra Hanania at 904, 993 - 7491 Name of Person Area Code & Daytime Telephone Number |
| |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, |
| Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & F 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

| Park Deli, LLC | | | |
|--|---|--------------|-------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on imited Liability Company) | our records | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on <u>VEC</u> 2.28 | . 17. | 2009 and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | | |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Company," | the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | 79 3 |
| (Principal office address MUST BE A STREET ADDR | ESS) | | |
| | | | 400 F |
| | | | E O R |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | • | |
| | | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office address. | | records, en | ter the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Florida | |
| | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

. i

MGR'= Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Sandra Hanania Remove ☐ Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2610 Signature of a member or authorized representative of a member Hanania Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00