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Blake 3065 Green Turkle Cur, Muniorfal 32754  (Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  L. SELLERS  JUL - 6 2010  EXAMINER	(Requestor's Name)						
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deliciousl (Name of the Limited Liability C	y Gou	rmet, l	<u>.LC</u>	OM 011	i nacanda \			
(Name of the Limited Liability C (A Florida Lin	nited Liab	oility Comp	any)	vii vui	recorus.)	•		
The Articles of Organization for this Limited Liability Con	nnany wa	ere filed o	. <sup>'</sup>	June	1 25, 201	0	and ass	ioned
Florida document numberL10000067867	pun.y		•				u 455	·B·····
ionda document number	-		÷		* \$			
This amendment is submitted to amend the following:			. 1	***				
A. If amending name, enter the new name of the limite	<u>d liabilit</u>	v compan	<u>v here</u>	;	•		•	
The new name must be distinguishable and end with the words "L.L.C."	"Limited	Liability (	Compan	y," the	designation	n "LLC"	or the a	bbreviat
Enter new principal offices address, if applicable:	-				t			
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>				-1		·	
	_		4ř		<u>.</u>	<u>.</u>		
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Enter new mailing address, if applicable:		• •			•			
(Mailing address MAY BE A POST OFFICE BOX)	_				1	,		
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B. If amending the registered agent and/or register registered agent and/or the new registered office addres		e address	on or	ir reco	ords, <u>ent</u> c	er the i	name o	f the n
	· ·					••	٠ ',	
- Name of New Registered Agent:	•		<u>:</u>	· ,				
New Registered Office Address:						A SEC	16	
•		-	Ente	r Flori	da street e	ada A	=	<u> </u>
			- N &.	-	Florida	AR		Francis
. ` .	(	City		•	τ.	7	ip <b>Go</b> de	m
lew Registered Agent's Signature, if changing Registered A	<u>lgent:</u>				1 .	FLO		O
hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	complete nt as pro	e perform vided for	ance o in Cha	f my di ipter 6	uties, and 08, F.S. (	I am foo Or, if th	amiliar is docu	with ar ment is

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: MGR = Manager MGRM = Managing Member **Type of Action** Title ' Name | **MGR** Sharon "Joy" Dodd-Blake 3065 Green Turtle circle ✓ Add
Remove Mims, FI 32754 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00