40000067867

.	(Requestor's Name)
<u>*</u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PiCK-UF	P . MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer
- A T	, to raining dimoti.
	X.

Office Use Only



800183628738

08/06/10--01019--004 **25.00

10 AUG - 6 AM 10: 58

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
AUG - 9 2010

EXAMINER

TO: Registrati Division o	on Section f Corporations		,
SUBJECT: D	elicinusly Grum	rets LLC (Name ited Liability Company	change)
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing	
•	rrespondence concerning this matter		
	Sharon 'Gog	Dodd Blake	
	New Name:	Gournet Tropica	
	3065 GHE	en Turtle Cercl	<u>e</u>
	Mims, FL	32754 City/State and Zip Code	
	dougan By E-mail address:	(A) A) L o C) Com to be used for future annual report notificati	on)
For further informa	tion concerning this matter, please c	all:	
S. Jay	Dodd-Blake	at (321) 222 - 8	
V N	ame of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
\$25,00 Filing Fe	See \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deliciously Gowmet	-LLC	· · · · · · · · · · · · · · · · · · ·			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now a Liability Comp	ppears on our any)	r records.)		
The Articles of Organization for this Limited Liability Company	were filed or	6-2	5-10	and ass	igned
Florida document number <u>L 100000 67867</u> .					
	-				
This amendment is submitted to amend the following:			f	· 124.4	
A. If amending name, enter the new name of the limited liab	ility compan	v here:		•	
Gournet Tropical, LLC		•			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability (Company," the	designation "LL	.C" or the a	abbreviation
	•	•			<u></u>
Enter new principal offices address, if applicable:				ਰ	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	·				<u> 유취</u>
			 	<u> </u>	<u>목务</u>
\$*.	• • •	4		=	
Enter new mailing address, if applicable:				<u></u>	<u>_</u> ≅ <u>~</u> _
(Mailing address MAY BE A POST OFFICE BOX)	. *			<u> </u>	AA-
		·			- 85
B. If amending the registered agent and/or registered of	Mice address	On OUF PACE	ords enter th	e name o	of the nev
registered agent and/or the new registered office address her		t tech		e name o	1 the nev
	i			•	ن
Name of New Registered Agent:	•	* 1 \ 1	# 10 s s s	-	<u>, </u>
New Registered Office Address:	-			_	
		Enter Flor	ida street addre	ess	
			, 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

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 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 Name · **Type of Action** Title : ☐ Add Remove Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DOD BLAKE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00