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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 2 8 2011

EXAMINER

COVER LETTER

TO:	• Registration S • Division of Co		• •	e e e e e e e e e e e e e e e e e e e		
SUBJ	JECT:	Una De	elicia Argentina	,		
	<u></u>		ited Liability Company			
The e	nclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	e return all corresp	ondence concerning this matte	r to the following:			
			Estefania Duhau			
			Name of Person			
	Una Delicia Argentina					
			Firm/Company			
	3340 SW 24 Street					
			Address			
			Miami, FI 33145			
	City/State and Zip Code					
		estef	ania.duhau@hotmail.com			
rc.			to be used for future annual report notific	ation)		
ror Iu	irther information (concerning this matter, please of	cair:			
	Est	efania Duhau	at (305) 7	64-6627		
Name of Person		of Person	Area Code & Daytime Telephone Number			
Enclo	sed is a check for t	he following amount:				
√ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
ĺ						
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIE Registration Section			
		on of Corporations	Division of Corporat	ions		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

Una Delicia Argentina, LLC

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

(A Floric	la Limited Liability Company)	·	
The Articles of Organization for this Limited Liability	Company were filed on	11/09/2010	and assigned
Florida document number L10000116752	.		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on o idress here:	ur records, <u>enter t</u>	he 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name **Type of Action Address MGRM** Silvia Di Fonzo 3340 SW 24 STREE ☐ Add Miami, Fl 33145 Remove MGR Fiamma Duhau 3340 SW 24 STREET **∇** Remove Miami, Fl 33145 MGR Kevin Duhau 3340 SW 24 STREET Miami, Fl 33145 Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 22 2011 Dated

Page 2 of 2

Signature of a member or authorized representative of a member

Estefania Duhau

Typed or printed name of signee

Filing Fee: \$25.00