L10000118348

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2015 NOV 30 PM 4: 11

K.SALY EXAMINER DEC -1 2015

COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:		TRATEGIC PARTNERS, LL	c		
U		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Hans Christian Beyer			
			Name of Person		-
		Law Office of Hans Christi	an Beyer, P.A.		
			Firm/Company		•
		92 SW 3RD Street Suite 45	501		
			Address		-
		Miami, FL 33130			
			City/State and Zip Code		-
		Hbeyer@LOHCB.com			
		E-mail address: (to	o be used for future annual repo	ort notification)	
For further in	formation cor	ncerning this matter, please ca	11:		
Hans Christi	an Beyer		813 245-93	300	
	Name of 1	Person	Area Code I	Daytime Telephone Numbe	r
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Status &

MAILING ADDRESS:

TO:

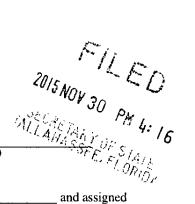
Registration Section

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

EFFECTIVE DATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PHOENIX STRATEGIC PARTNERS, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 11/15/2010 and assigned
Florida document number L10000118348	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The Epicurean Hedonist, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 S. Miami Ave. COM-A Suite 800
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130
Enter new mailing address, if applicable:	350 S. Miami Ave. COM-A Suite 800
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	·
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	inging Registered Agent, Signature of New Registered Agent

		manage, enter the title, name, and address of each person being adde
MGR = M	from our records: Innager Authorized Member	Address Address
<u>Title</u>	<u>Name</u>	Address PM 4: 16 Type of Action
		ANASSEF, FLORIS
		Remove
		Change
	 	
		Remove
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	TALLAHASSEE STATE
	
D	
ffective date, if other than the date of filing:	mber 1.2015 (optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
an effective date is listed, the date must be specific and cannot be lock does not meet the a	e prior to date of fuing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's re-	
	ut not an effective time, at $12{:}01$ a.m. on the earlier ϵ
The 90th day after the record is filed.	
November 25 2015	
pated November 2.7	
2/1/2	Manager
No.	
Signature of a fine oper of	or authorized representative of a member
Hans Christian Beyer	

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Filing Fee: \$25.00