Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H110001287083)))



H1100012870834BC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STAVROS TINGIRIDES, P.A.

Account Number : I20050000180 Phone : (727)442-5700 Fax Number : (727)442-5757

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JULIO'S LATIN DELI, LLC

RECEIVED MAY 11 AM 6: 40 SECRETARY OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILEU 11 MAY 11 AM B: 34 SECRETARY OF STATE SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

MAY 1 2 2011.

EXAMINER

No. 0195 P. 2 H11000128708 3

## **COVER LETTER**

TO:	Registration S Division of Co				•
SUBJI	ect:		Latin Deli, LLC		
		Name of Lin	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	rcturn all corresp	ondence concerning this matte	r to the following:		ಕೆಂದ 🚅 :
			Stavros Tingirides		FILED A 8: 36 TALLAN I AM 8: 36
			Name of Person		器二厂
			tavros Tingirides, P.A.		TARY OF STARSEE, FI
			Firm/Company		T ST
		804 No	orth Belcher Road, Suite 1	100	ORIOTE ORIOTE
			Address		<i>V</i>
			Clearwater, FL 33765		
			City/State and Zlp Code		
		F-mail address: (	to be used for future annual report no	otification)	
For furt	her information of	concerning this matter, please	call:		
	Stav	vros Tingirides	at ( 727 )	442-5700	
		of Person	at ( 727 ) Area Code & Dayt	time Telephone Number	
Enclose	PAID S	he following amount:			
<b>√</b> ]\$25.	00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified (	of Status &

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

H11000128708 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Julio's Latin Deli, l	LC	·	
(Na	me of the Limited Liability Company as it no (A Florida Limited Liability Co	w nonears o	n our records.)	<del></del>
The Articles of Organization i	for this Limited Liability Company were file	don A	April 26, 2011	and assigned.
Florida document munber	L11000049550			700
Liourda cocimpicati dimitori	*			强
vrn 1 . 4 .45. 4 ta. 1				基品一
This amondment is submitted	to amend the following:			SSA
A. If amending name, gnter	the new name of the limited liability com	pany here:		Fig. 3
	Julio's Empanadas, L	LC		70,
	shable and end with the words "Limited Liabill		" the designation "LI	C" or the abbreviation
"LLC"				Žu.
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			
Enter new mailing address,	if applicable:			
(Mailing address MAY BR A	POST OFFICE ROX			
	<del></del>			
B. If amending the registe	ered agent and/or registered office adds	err on ogn	records, enter th	e name of the new
registered agent and/or the r	tew registered office address here:		-	
Name of New Regist	cred Agent:			
New Registered Offi	Co. Address:			
TIME VERTICATION OF IT	OO Address.	Enter	Florida street addr	ess
	City		, Florida	Zip Code
	Culy			

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

Page 1 of 2

H11000128708 3

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:

<u> Pitle</u>	Nume	Address	Type of Action
	*		~~~ ~
			Remove
			Add Remove
<del></del>			· —
. If smend	ling any other information, en	ter change(s) here: (Attach additional sheets, ij	11 MAY SECRETALLAHA
ated	May 10	. 2011	AM 8: 34 Y OF STATE EE. FLORIDA

Page 2 of 2

Filing Fee: \$25.00