L12000024409

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SECRETARY OF STATE OF STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

C. LEWIS

SEP 21 2012

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		4	
SUBJECT:	DELISH	DELISH ISLAND CAFE		
	Name of Limit	ted Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	DIEUF	DIEURIUS & ANDRISE ANDRE		
Name of Person				
	DE	DELISH ISLAND CAFE		
Firm/Company				
	181 S STATE RD 7			
	Address			
	N	MARGATE, FL 33068		
	City/State and Zip Code			
	E-mail address: (t	E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please c	all:		
	EURIUS I ANDRE	#! (49-7136	
Nar	ne of Person	Area Code & Daytime 1	Celephone Number	
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Delish Island	Cafe LLC 2012 SEP 20 AM 11:27	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000024409	were filed on 02/20/2012 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	5960 W SAMPLE RD #204	
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS FL 33067	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<u></u>	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 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 <u>Title</u> **Name Address Type of Action** JOSUE DUVERNA 1440 CORAL RIDGE DR ___ Add STE 287 Remove **CORAL SPRINGS FL 33071** ANDRISE ANDRE 5960 W SAMPLE RD #204 ✓ Add CORAL SPRINGS FL 33067 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.) Signature of a member or authorized representative of a member ANDRISE ANDRE Typed or printed name of signee

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Filing Fee: \$25.00