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SECRETARY OF STARE
TAIN MIASSEE, FLORIDA

COVER LETTER

TO: Registrat Division				·					
SUBJECT: CARIBBEAN INTERNATIONAL DELIGHTS LLC									
			ited Liability Com						
	•								
The enclosed Artic	The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
	KEITH M CUPIDON								
			Name of Per	rson					
Firm/Company									
415 THOMAS AVENUE									
			Address						
		LEES	SBURG, FLO	RIDA 34748					
			City/State and Zi						
		E-mail address: (thcupidon@ya to be used for future	ahoo.com annual report notifica	tion)				
For further information concerning this matter, please call:									
	ve e	M CUDIDON	0.47		00.4400				
	Name of f	M CUPIDON Person	at (<u>347</u> 	rea Code & Daytime	22-1400 clephone Number				
Enclosed is a check	k for the	following amount:							
▼ \$25.00 Filing F	² ee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filir Certified ((additiona		\$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		R C C 2	R ADDRESS: ions er Circle						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

CARIBBEAN INTERNATIONAL DELIGHTS LLGALI AHASSEE, FLGRUA

(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 vi Florida document numberL12000042298	were filed on _	MARCH 27, 2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
ALL THINGS JANI	ITORIAL LLO	0	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Com	pany," 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: (Mailing address MAY BE A POST OFFICE BOX)	,		
B. If amending the registered agent and/or registered office address here:		our records, enter the	name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
		Enter Florida street addres	is.
		, 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 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

<u> </u>	<u>Name</u>	Address	Type of Action
····			□ n
			Remove
			□n
			Remove
). If amen 	ding any other information, enter	change(s) here: (Attach additional sheets	
_			
_			
Dated	9/26/12 1. Com	MU	
	Signature of a 1	nember or authorized representative of a mem KEITH M CUPIDON	per
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00