

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407) 932-0040  
Fax Number : (407) 520-5473

**\*\*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  
DELICIOUS ZONE HELADERIA LLC

Certificate of Status	0
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H150002161453

DELICIOUS ZONE HELADERIA 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 01/31/2014 and assigned  
Florida document number L14000017531

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

847 CYPRESS PARKWAY

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34759

Enter new mailing address, if applicable:

847 CYPRESS PARKWAY

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34759

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MICHEL FERNANDES MOREIRA

New Registered Office Address:

116 HILLSIDE DR.

Enter Florida street address

DAVENPORT

Florida 33897

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 605, 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.*

Michel Fernandes  
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	UBALDO L. COLON TIRU	537 FINCH CT.	<input type="checkbox"/> Add
		POINCIANA, FL 34759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michel Fernandes Moreira	116 HILLSIDE DR.	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriela Alves Cignarella	116 HILLSIDE DR.	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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☐ Remove  
☐ Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 8, 2015

Signature of a member or authorized representative of a member

UBALDO L. COLON TRU

Typed or printed name of signer

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