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((H14000086046 3)))



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To:

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

From:

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Account Number : I20073000160
Phone : (800) 494-3124
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DSATOM LLC

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APR 11 2014
J. BRUCE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H14000086046 3

DSATOM 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 02/03/2014 and assigned
Florida document number L14000019110

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C/O LE MACARON FRENCH PASTRIES
451 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FLORIDA 32701

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

C/O LE MACARON FRENCH PASTRIES
451 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FLORIDA 32701

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H14000086046 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR

BANDOL PIZZA

1201 LOST CREEK COURT

☐ Add

OSPNEY, FLORIDA 34229

 Remove

AMBR

SARL GDSA83150

C/O CERCIO

 Add

275 BD DES ROSSIGNOLS

☐ Remove

BANDOL 83150 FRANCE

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Remove

57

2014 APR 30 PM 1:45
Add
Remove

OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK

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

H14000086046 3

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

APRIL 10, 2014

Signature of a member or authorized representative of a member

GERALD DE SAINT ALARY

Typed or printed name of signer

Page 3 of 3

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CLERK OF STATE
TALLAHASSEE FLORIDA

H14000086046 3