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Florida Department of State
Division of Corporations
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To:

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

From:

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Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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DELIGHT MACARONS LLC

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TALLAHASSEE, FLORIDA

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SEP 30 2015

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

DELIGHT MACARONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on APRIL 21, 2015 and assigned
Florida document number L15000070218

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:

395 BOB WHITE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FLORIDA 34236

Enter new mailing address, if applicable:

395 BOB WHITE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FLORIDA 34236

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

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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>
AMBR	STEPHANE MASSARD	520 E ATLANTIC AVENUE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FABIENNE LE GALL	395 BOB WHITE DRIVE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN LE GALL	395 BOB WHITE DRIVE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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 605.02(17) (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.

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

Dated SEPTEMBER 17 2015

Signature of a member or authorized representative of a member

FABIENNE LE GALL

Typed or printed name of signee

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