L15000176005

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITALIAN CHOCOLATE TWISTER LLC

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f 2   10/27/2015 1:27 PM

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: **ITALIAN CHOCOLATE TWISTER LLC**

SECOND: The Florida Document number of the limited liability company is: **L15000176009**

THIRD: Document to be corrected is: **ARTICLE III MANAGEMENT**

[CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[x] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ADRIANA RUPCICH   Authorized Member   DELETE

ADDRESS: 2500 NW 79TH AVENUE SUITE 218, DORAL, FL 33122

OR

[ ] Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

_____

_____

_____

OR

[ ] The electronic transmission of the record was defective.

x _____   10-26-15
Signature of Authorized Representative   Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

_____
Registered Agent's Signature