11700009808

(Reque	estor's Name))
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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D. SCOTT FEB 2 8 2017

COVER LETTER

Division of Cor	porațions		
DH	LI BURGER PARADICE.LI	.C ,	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
	ondence concerning this matter		
	MA	RIEL IZARRA GIMENEZ	
		Name of Person	
		Firm/Company	
	9144	CAMDEN GARDENS ST	
	ORL.	Address ANDO FLORIDA 32827	
	de	City/State and Zip Code diparadicelle@gmail.com	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
MARIEL IZAR	RA GIMENEZ	754 301-0249 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy irrepclosed)
	INCS A BANDAR	our pretigation	ED ADDDESS.

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

DELI BURGER PARADICE, LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company L17000009808 L17000009808	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u> DELI PARADICE, LLC	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9144 CAMDEN GARDENS ST		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL. 32827		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL. 32827		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	-102 -1		
	Enter Florida street address Florida		
	City Sip Code,		
New Registered Agent's Signature, if changing Registered Agent:	11年 2		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		-	☐ Change
		· Maria	Add
			□ Remove
			☐ Change
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			Market Inc.	
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Note:	tive date, if other than the da ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	does not meet the applicable st	(option of tiling or more than 90 days after fil atutory filing requirements, this d	al) ng.) Pursuant to 605.0207 (3)(l ate will not be listed as the
	ecord specifies a delayed e e 90th day after the record		effective time, at 12:01 a.n	n. on the earlier of:
EV :	FEBRUARY 16	2017		ES =
Dated	1	1h		经面工
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	} ⁄	larial Izaera	Giménez	R SIS
		Typed or printed name		一部 23

Page 3 of 3

Filing Fee: \$25.00