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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	f)
PICK-UP		MAIL
(Bu	siness Entity Name	:)
(Do	cument Number)	
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Special Instructions to	Eiling Officer	
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02/25/19--01018--021 **25.00



MAR 0.4 2003 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25,00 Filing Fee

□ \$30,00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF A TO ARTICLES OF OF OF) RGANIZATION
VEGAN Deli & Defs (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ERTS By Chunkie Dukies LLC (as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>LL FOOD Z OO 5</u> . Y D	were filed on $\frac{f/2I}{I}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u> Dina's VEgan Delie The new name must be distinguishable and contain the words "Limited Liability	esserts LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST_BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	TALLAHASSE
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	<u>_</u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

<u>Vew Registered Agent's Signature, if changing Registered Agent:</u>

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			🗆 Remove
			Change
			🖸 Add
			Remove
			Change
			🗆 Add
			□ Remove
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			Change
			🛛 Add
			Remove
			Change

v. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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f 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	2/14
	And Ande
	Signature of a member or authorized representative of a member
	Dina Lauro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00