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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

Marie D. D	Pelectables LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Julie R. Verdieu			
		Name of Person		
		Firm/Company		
	5627 Elmhurst Cir. Apt 31	1	•	. ~>
	Oviedo, FL 32765	Address	JALLA	021 JUL -
	mariedelects@gmail.com	City/State and Zip Code	3.5 80 90 90	7) IK game
	E-mail address: (to be used for future annual report noti	fication)	2:0
For further information of Julie R. Verdieu	oncerning this matter, please o	352 5315467	ŕ	ਜ਼ ඁ
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T	porations `allahassee	
Tallahassee.	rl 34314	Z410 IN. IVIONIO	e Street, Suite 810	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mary D. Delectables LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Marie D. Delectables LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	516 Lake Villa Way, Haines City FL 33844
(Principal office address MUST BE A STREET ADDRESS)	AC 7
Enter new mailing address, if applicable:	516 Lake Villa Way, Haines City F1233844
(Mailing address MAY BE A POST OFFICE BOX)	2: 08 STATE F. FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elada.
	, Florida

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 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>	Address	Type of Action
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			□Remove
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ective date, if other	r than the date (of filing:			(on	tional)			
effective date is listed,	the date must be spe	ecific and cannot be	e prior to date of	filing or more than	190 days aft	er filing.)	Pursuar	it to 605.0	020 d a
<u>e:</u> If the date inserte ument's effective da				nory ming requ	irenienis, u	iis uate v	~111 HOL	DC HSte	ua
cord specifies a delay	ed effective date,	but not an effec	tive time, at 12	2:01 a.m. on the	earlier of: ((b) The	90th d	ay after	the
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