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(Requestor's Name)

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(City/State/Zip/Phone #)

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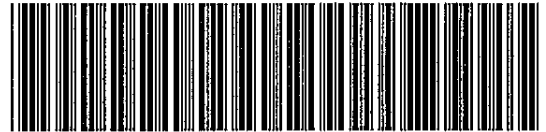
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/24/06
CUTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADRIANA SCHAKED TRANSLATIONS LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

ADRIANA SCHAKED

(Name of Person)

ADRIANA SCHAKED TRANSLATIONS LLC

(Firm/Company)

3530 MYSTIC POINTE DR, STE 1401

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA SCHAKED

(Name of Person)

at

305 933 - 5859

(Area Code & Daytime Telephone Number)

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

FILED
05 JAN 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADRIANA SCHAKED TRANSLATIONS LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on FEBRUARY 9, 1998 and assigned document number L98000000104.

SECOND: This amendment is submitted to amend the following: NAME OF THE LLC.

PURSUANT TO S. 608.4081, FLORIDA STATUTES

THE EFFECTIVE DATE FOR THIS AMENDMENT

SHOULD BE = FEBRUARY 9, 2006.

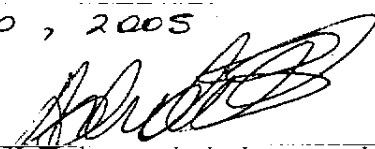
THE NAME OF THE LIMITED LIABILITY COMPANY
AS OF FEBRUARY 9, 2006 SHALL BE:

AZ/DC CHOCOLATIERS, LLC

Dated

12/30/05

DECEMBER 30, 2005



Signature of a member or authorized representative of a member

ADRIANA SCHAKED

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 20 PM 12:00

FILED