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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITALIAN CHOCOLATE TWISTER LLC

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S. YOUNG

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)

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

MANAGEMENT OF THIS LIMITED LIABILITY IS RESERVED TO ITS MEMBERS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

MARIANO VANOLI AUTHORIZED MEMBER

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.

 20-10-2015
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

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