I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: MICHELE TREMOLINI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: DISARONNO INGREDIENTS, LLC **Current Principal Place of Business:**

3880 W104TH STREET S.TE 5 HIALEAH, FL 33018

Current Mailing Address:

DOCUMENT# L01000022403

3880 W104TH STREET S.TE 5 HIALEAH, FL 33018 US

FEI Number: 01-0592258

Name and Address of Current Registered Agent:

ABRIL, ED 3880 W104TH STREET, STE 5 HIALEAH, FL 33018 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MARZORATI, ALDINO	Name	MAZZERO, LEONARDO
Address	3880 W104TH STREET, STE 5	Address	3880 W104TH STREET, STE 5
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018
Title	MGR	Title	MGR
Title Name	MGR SIVIERI, ENRICO	Title Name	MGR TREMOLINI, MICHELE
			TREMOLINI, MICHELE 3880 W104TH STREET
Name	SIVIERI, ENRICO	Name	TREMOLINI, MICHELE

Certificate of Status Desired: Yes

that my name appears above, or on an attachment with all other like empowered. MANAGER

FILED Jan 26, 2022 Secretary of State 0104108171CC

01/26/2022 Date

Date