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COVER LETTER

. O: Régistration S Division of Co			
AUBJECT: <u>Tec</u>	Anical Ingres	hent Solutions ited Liability Company	·, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Name of Person	chrical Ingredent Stations
	3517 NW	Firm/Company	<u> </u>
		Address	
	Gaineville JE-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	lication)
or further information c	concerning this matter, please co	_	
Name o	5 N Bacus	at (<u>352</u>) <u>672</u> – Area Code Daytime	637 7 e Telephone Number
Enclosed is a check for t	he 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)
MAIL	ANG ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Lability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>1070000</u>/295 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ç > 5. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added by removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	James N Bacus	PO Box 357215	_DAdJ
		Gainesville, FL 32635	_ \ □ □Remove
			Change
AMBR	Jan Larsen	3578 NW 97Th Blud	_ DAdd
		Gainesule, FC 32606	□ Remove
			Change
AMBR	Parvin Hooshyar	3518 NW97# Blud	
		Gargosille, FC 32606	□ Remove
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in l	Signature	a member or au	thorized representa	ative of a membe	r	:	76.620	٠.

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Filing Fee: \$25.00