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F. Andrews Taintor, P.A.

Attorney At Law

- Telephone: (239) 263-9633 Fax: (239) 263-9699 5051 Castello Drive, Suite 5 Naples, Florida 34103

May 9, 2018 FLA18751

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

Re: Articles of Amendment Flavor Pict Properties, LLC Filing No. L11000141516

Dear sir/madam,

Our office is counsel to Flavor Pict Properties, LLC and in that capacity, we are filing the enclosed Amendment to the Articles of Organization with the applicable filing fees.

The original filing listed David J. Ross as Manager and indicated Flavor Pict was a "managed" entity. Mr. Ross resigned in 2015. Simultaneously, the Operating Agreement was amended whereby Flavor Pict Properties became member-managed. Subsequently, the annual reports filed with the Division listed only the names of the members.

We have been advised the Articles must now be amended with the enclosed filing to document this change with the Division in the management of our client.

Should you have a question regarding the enclosed, please contact our pffice.

copy to: Flavor Pict Properties, LLC

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	Flavor Pict	Properties Name of Limited I	, L.I.C iability Company	
The enclosed Ar	ticles of Amendment and	l fec(s) are submitte	d for filing.	
Please return all	correspondence concern	ing this matter to the	e following:	
	عند	F. Andrews	<u> </u>	
٠		F. Andrews		
			Firm/Company	
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	F. Andrews Taintor Name of Person F. Andrews Taintor, P.A. Firm/Company 5051 Castello Drive, Ste 5 Address Naples, Florida 34103 City/State and Zip Code E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: F. Andrews Taintor Name of Person at (239) 263-9633 Daytime Telephone Number			
For further infor	mation concerning this n	natter, please call:		
F.	enclosed Articles of Amendment and fec(s) are submitted for filing. se return all correspondence concerning this matter to the following: F. Andrews Taintor Name of Person F. Andrews Taintor, P.A. Firm/Company 5051 Castello Drive, Ste 5 Address Naples, Florida 34103 City/State and Zip Code E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: F. Andrews Taintor at (239) 263-9633 Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status			
Enclosed is a ch	eck for the following am	ount:		
□ \$25.00 Filin				

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\$:	Properties, LLC	
(<u>Name of the Limited I</u> (A l	iability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi	lity Company were filed on December	16, 2011 and assigned
Florida document number <u>L11000141516</u>	•	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		HA SEC
		T PEAN
Enter new mailing address, if applicable:		COA
(Mailing address MAY BE A POST OFFICE BO	X)	P P S
		A A
		3
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our recore address here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ess
<u>-</u>		Florida
	City	Zip Code

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

If amiending 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
MGR	David J. Ross	348 S. Ocean Blvd	🖸 Add
		Delray Beach; Florida 33483	⊠ Remove
			Change
AMBR	Hilary Ross Wyburn	1023 Casuarina Road, Unit 5	
		Delray Beach, Florida 33483	Remove
			□ Change
AMBR	Kathryn Ross Couture	1023 Casuarina Road, Unit 2	Add
		Delray Beach, Florida 33483	□ Remove
			Change
AMBR	Victoria Ross	1023 Casuarina Road, Unit 4	≭ □ Add
		Delray Beach, Florida 33483	Remove
			☐ Change
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ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will r	not be l	isted as
cur	nt's effective date on the Department of State's records.		
re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	he ear	rlier of
	90th day after the record is filed.		
	May 0 2019		
_ * ~	May 9, 2018		
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ated	(1/00/100)		
ated	Section of a number representative of a member		
ated	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00