## L13000123839

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S. ROBERTS
MAY 1 3 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FLAVOR AD VANTAGE, 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:
Johnson 8, Savary, JR, ESQ Name of Person
Dunlap & MORAN Firm/Company
22 S. Links Ave, # 300
SARASOTA FL 3423/  City/State and Zip Code  DMCORP & Dun Cap Mos an Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johnson S. Saucry JR. at (941) 366-0115  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAVOR ADO	IANTAGE, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 13000123839</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
	. <del></del>
Enter new mailing address, if applicable:	~)
(Mailing address MAY BE A POST OFFICE BOX)	
	:
	<del>ි</del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Nogracied Office Addices.	Enter Florida street address
	, Florida
	City Zin 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 amending 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 Title Name Address Type of Action \_\_ Change □Remove \_\_\_\_ □Change \_\_\_\_\_\_ DRemove \_\_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_\_ Remove 

\_\_\_\_\_ Change

Effective date, if other than the date of filing:  [In effective date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207/ Mate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the relation of the specifies and the specifies are specifies and the specifies and the specifies are specifies and the specifies and the specifi	_	
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And Signature of a member or authorized representative of a member  Thomas Maj 7	Dated	2/2/23
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Filing Fee: \$25.00