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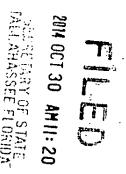
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UNITED FLAVORS 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:	
Maria I. Landa-Posada	_
Name of Person	_
Landa-Posada P.A.	_
Firm/Company	
6080 SW 40 Street, #4	20
Address	To a Tr
Miami, Fl. 33155	2014 OCT 30
City/State and Zip Code	, , , ,
mposada@lpm-law.com	AMII: 20 OF STATE FELORIDA
E-mail address: (to be used for future annual report notification)	星型 7
For further information concerning this matter, please call:	5 (1)
Maria I. Landa-Posada 305, 476-9050	
Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED FLAVORS LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L14000044366	y Company were filed on 03/18/2014	and assigned
This amendment is submitted to amend the following	Ţ.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		20 Ze
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>ent</u> address here:	er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	·-
	TV	
_	, Florida	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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PENA, ANTONIO A	9411 SW 112 ST	
		MIAMI, FL 33176	■ Remove
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			□ Remove

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