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(Req	uestor's Name)	
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COVER LETTER

	Registration Se Division of Cor				
eup irz		LAVORS LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		GUILLERMO DIAZ			
			Name of Person		
		GUILLERMO DIAZ PA I	LC		
			Firm/Company		
		10041 SW 40th STREET			
			Address		
		MIAMI, FL 33165			
			City/State and Zip Code		
		MASTERTAXEXPA@GM			
		E-mail address: (to be used for future annual report no	tification)	
For furth	er information c	oncerning this matter, please c	all:		
GUILLE	ERMO DIAZ		786 6834521 at ()		
	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed	l is a check for th	he following amount:			
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address:	ection	
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD FLAVORS LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/08.	2015 and assigned
Florida document number L15000153695		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
N/A		
The new name must be distinguishable and contain the words	'Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: <u>N/A</u>	
Principal office address MUST BE A STREET AL	DDRESS)	
		202
	N/A	NON DA
Enter new mailing address, if applicable:		pres
Mailing address MAY BE A POST OFFICE BOX		· ω · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist	ered office address on our reco	ords, enter the name of the new registers
agent and/or the new registered office address he		and the final state of the stat
N. N. N.	/A	
Name of New Registered Agent:		
New Registered Office Address:	9 9 9	
	Enter Florida	ı street address
_	Cir.	, Florida
_	City	, 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 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>	<u>Address</u>	Type of Action
MGR	JOSE J. VIEIRA	868 BISCAYNE BLVD	□Add
		UNIT 2809	■Remove
		MIAMI, FL 33132	□ Change
MGR	LINO CERVETTI	8343 LAKE DRIVE	□ Add
		UNIT 104	
		DORAL, FL 33166	Remove
		_	— — — — — — — — — — — — — — — — — — —
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			□Add
			□Remove
			☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable st				
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at is filed.	1 12:01 a.m. on the earl	ier of: (b) The	90th day	after tl
OCTOBER 29 2020				
aieu,,,,				
Signature of a member or authorized	representative of a mount.	D.F		-