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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F.L.F Chocolate, 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:

Nicolas Tevez, Esq.

Name of Person

The Hachar Law Firm

Firm/Company

8100 Oak Lane Suite 401

Address

Miami Lakes FL 33016

City/State and Zip Code

ntevez@mialaws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicolas Tevez, Esq.

305 200-1308
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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) |
|--|--|--|--|

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

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>	<u>Type of Action</u>
AMBR	F & F Narse Corporation	6067 Hollywood Blvd suite 325, H	☒ Add
			☐ Remove
			☐ Change
AMBR	B&V International Investment, LLC		☐ Add
		2104 S Cypress Berd Dr, suite 402,	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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2016 MAY 26 PM 12:28
CLERK OF DISTRICT COURT
FLORIDA

2016 AUG 26 PM 12:20
DEPT OF STATE
TALLAHASSEE, FLORIDA

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If 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 record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

FELICE NARSETE.

Typed or printed name of signee