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12/4/18 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAVOR CHEMISTRX, 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:

ERIK J. ARROYO, ESQ

Name of Person

BAND, GATES & DRAMIS, P.L.

Firm/Company

2070 RINGLING BLVD.

Address

SARASOTA, FLORIDA 34237

City/State and Zip Code

EARROYO@BANDGATESDRAMIS.COM

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

For further information concerning this matter, please call:

ERIK ARROYO

941

366-8010

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

2011-11-26 10:05 AM

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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>
MGR	KEITH, TANYA	1199 TALLEVAST ROAD	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEITH, DUSTIN	1199 TALLEVAST ROAD	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34243	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

6619 11/22/2010 10:50 AM
DUSTIN KEITH

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

9211 111 25 1 15

Geig 1111-26

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10.15.18 , _____

Signature of a member or authorized representative of a member

Dustin Keith

Typed or printed name of signee