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## **COVER LETTER**

. Div	ision of Corp	orations				
SUBJECT:	FLAVOR CHEMISTRX, LLC					
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	HArticles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		ERIK J. ARROYO, ESQ				
			Name of Person			
		BAND, GATES & DRAM	IIS, P.L.			
			Firm/Company	. ,		
		2070 RINGLING BLVD.				
			Address			
		SARASOTA, FLORIDA	34237			
		EARROYO@BANDGATE	City/State and Zip Code ESDRAMIS.COM		<del></del> .	AT A
		E-mail address; ()	to be used for future annual	report notification)		.: >
For further in	nformation cor	scerning this matter, please or	all:			ず
ERIK ARRO	OYO		941 36	6-8010		T Ç
	Name of I	Person	Area Code	Daytime Telepho	ne Number	50
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y

MAILING ADDRESS: Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAVOR CHEMISTRX, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	Tiled on 07/26/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	The state of the s
	<b>等</b> グビ
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

#### 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
	KEITH, TANYA	1199 TALLEVAST ROAD	
MGR			Add
		SARASOTA, FLORIDA 34243	
		0,44,400,74,120,400,740,1270	
			Remove
			☐ Change
MGR	KEITH, DUSTIN	1199 TALLEVAST ROAD	
		SARASOTA, FLORIDA 34243	
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record specifies a de The 90th day after th	elayed effective date, but n e record is filed.	ot an effective time, al	: 12:01 a.m. on	the earlier
ed 10.15.1	8	·		
		horized representative of a men	ıber	
		ted name of signee		

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Filing Fee: \$25.00