

10/12/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address: caribbean.flavaz@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARIBBEAN FLAVAZ LLC

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T. CLINE

OCT 16 2018

EXAMINER

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Caribbean Flavaz LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/12/2017 and assigned
Florida document number L17000082621.

This amendment is submitted to amend the following:

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3B Rainstone Lane

Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3B Rainstone Lane

Palm Coast, FL 32164

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 603, 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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Christopher Saint Surin	7 B Plumtree Place	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
AMBR	Carmelia Phillip	7 B Plumtree Place	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
AMBR	Carmelia Phillip	3B Rainstone Lane	<input checked="" type="checkbox"/> Add
		Palm Coast, Florida 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated 10/12th 2018

Carmelia Phillip

Signature of a member or authorized representative of a member

Carmelia Phillip, Member

Typed or printed name of signee

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2018 OCT 19 PM 4:16

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