Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : 120090000072

: (954)356-2905

Fax Number

: (954)337-8345

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VASALISSA USA PRODUCTION LLC

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(((+ 170003033923))) ARTICLES OF ÁMENDMENT

ARTICLES OF ORGANIZATION OF

VASALISSA USA PRODUCTION	· · · · · · · · · · · · · · · · · · ·	and an our regarde
Grante of the Same	ted Liability Company as it now app (A Florida Limited Liability Compan	A)
The Articles of Organization for this Limited L	iability Company were filed on	03/07/2017 and assigned
Torida document number L17000167135		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
CHOCOLATIER USA MANUFACTURING LLA	C	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	(BOX)	
	رامد چېلې د و ځې کې کې کې کا د کې کا د د کې کې د د د د د د د د د د د د د د د	The safety and the sa
I. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		on our records, enter the name of the
1	1200 BRICKELL AVE., SUIT	E 1050
New Registered Office Address:		Parida strées address
·	MIAMI	
	Chy	Florida MIAMI, FL 33131 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

Page 1 of 3

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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:

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	Signature of a member or duthorized representative of a member	
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	Typed or printed name of signee	
	Page 3 of 3	
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