

6/9/22, 10:59 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**L17000189193**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**LUSO FLAVORS, LLC**

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**JUN 13 2022**

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUSO FLAVORS 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 09/05/17 and assigned  
Florida document number L17000189193

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ADAO TEIXEIRA

New Registered Office Address:

10511 VILLAGE CENTER DRIVE

Enter Florida street address

PORT ST. LUCIE

City

Florida

34987

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.

DocuSigned by:

Adao Teixeira

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: B24032E8-44AA-4531-9E5A-B0E4361FDCBE 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	DIANA ESMERALDA LOPEZ	10511 VILLAGE CENTER DRIVE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FLORIDA 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOAO JOSE PEREIRA	354 BRAZILIAN CIR	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FLORIDA 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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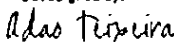
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 06/07/22 (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 JUNE 7TH, 2022

DocuSigned by:



76009F67EEA74C8 Signature of a member or authorized representative of a member

ADAO TEIXEIRA

Typed or printed name of signer

Filing Fee: \$25.00