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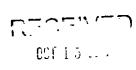
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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HLT 23 1.

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Moore F.	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		ahia Moore	
	N.c	XXX FLONGE L	ic.
	8 F	Address Address	2
	E-mail address: (v	Into Bah FL, 3 City/State and Zip Code ince yla kia agmail o be used for future annual Jeport notifi	COM cation)
For further information co	oncerning this matter, please ca	ıll;	
Chica	Moore	at (561) (025) Area Code Daytime	7-4609 Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.. B

	Or		
	Flava LL	- (POT IS
(Name of the Limited)	Florida Limited Liability (low appears on our records.) Company)	2 2
The Articles of Organization for this Limited Lial Florida document number <u>L1806004142</u>	oility Company were fil	cd on $2 22 2618$	and shaighed
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	Flavor	LLC.	
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the designation "LLC" or the	abbreviation L.L.C.
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox) 2	0. Pox 1645 Eynton Beach	FL, 33425
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office ad ce address here:	ldress on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		<u> </u>	4 1/ 1/
New Registered Office Address:	217 N.	Scacrest Blvd Enter Florida street address	4 1645
	_	Beach, Florida	33425
	= \ \ Cit	i '	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

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 = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
		/	Change
			Remove
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Note: If	e date, if other ctive date is listed, the fate inserted int's effective date	l in this block do	oes not meet t	the applicable sta	of filing or more that atutory filing requ	(option an 90 days after fit tirements, this d	ial) ling.) Pursuant to late will not be	605.0207 (3 listed as th
he reco The S	ord specifies a 90th day after	delayed effe the record is	ective date s filed.	, but not an e	effective time,	at 12:01 a.i	m, on the ea	rlier of:
Dated _	October		·	2016 Lake	Mod	re	2018 OCT	71
		Signa	ture of a mem	rer or authorized re	epresentative of a r	nember	15	7
			(La hia	Moore		SSEE, FL	

Page 3 of 3

Filing Fee: \$25.00