118000 145757

-	(Requestor's Name)
	(Address)
	(Address)
 .	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
<u>. 1999</u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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COVER LETTER

то:	Registration Division of C	Section Corporations		
SUBJE	CCT:	V J's FRESH	H GARDEN LLC	-
		of Amendment and fee(s) are s spondence concerning this matt		
		ASWATT	Name of Person	PICH
			RESH CARDEN Firm/Company	i i
		11902 7	BONITA BEACH	TOAD T
			SPRINGS FLORI City/State and Zip Code	
		E-mail address	TICH @ JMAIL . CC	notification)
For furt	her information	n concerning this matter, please	call:	
<u> 45 h</u>	IATTHAM	A RAMBRICH	at (239) 26 Area Code Day	9 - 7888
	1/21118	e of Person	Area Code Day	time Telephone Number
Enclose	d is a check for	r the 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

CARIBBEAM FLAVORS	USA LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 06/13/3018 and assigned
Florida document number <u>L 18000 (4-5 757</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
VJ'S FRESH GARDEN LLC The new name must be distinguishable and contain the words "Limited Liability"	<u>. </u>
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11902 BONITA BEACH ROAD
(Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINCS
	BONITA SPRINGS
Enter new mailing address, if applicable:	11902 BONITH BEACH ROAD
(Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINCS
	FLORIDA 34135
B. If amending the registered agent and/or registered offi 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 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 = ' M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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		/2m/8
effective date, if other than effective date is listed, the date	must be specific and cannot be prior to date of filing	'S et 8 (optional) or more than 90 days after filing.) Pursuant to 605.020
	s block does not meet the applicable statutory fee Department of State's records.	filing requirements, this date will not be listed a
record specifies a dela	yed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier o
he 90th day after the	record is filed.	
ad 09/01	1 0 2018	
eu <u>- / / - </u>	Acol Signature of a member or authorized representa	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00