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(Business Entity Name)
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2019 GCT 21 - ANTH: 54

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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

850-245-6051

FROM Mel

Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST DATE** 10/21/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 777633

**ORDER ENTITY** 

INGREDIENTS BRAND, LLC

# PLEASE PERFORM THE FOLLOWING SERVICES: INGREDIENTS BRAND, LLC (FL)

File the attached amendment

#### **NOTES:**

\$55.00 Authorized

Email address for annual report reminders: Nklarish@hutnerklarish.com

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, October 21, 2019 Page 1 of 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ingredients Brand, 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 January 16, 2019 and assign assign and assign assign and assign and assign and assign and assign and assign a	ned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Ingredients, LLC	
The new name must be distinguishable and contain the words "Limited Lizbility 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)	23
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·	
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
(Matting Bitters) INAL BEALOUS OIL TOOL DOWN	
	()) E
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	f the nev
. 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 complete performance of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents 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.	nent is

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:

<u>:le</u>	<u>Name</u>	Address	Type of Action
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on effective date is listed, ote: If the date inserte	r than the date of fili the date must be specific a ed in this block does no te on the Department of	ind cannot be prior to date t meet the applicable s	of nime of more than yu	_ (optional) days after filing.) Pu ents, this date wil	rsuant to 605.0. not be listed
record specifies The 90th day afte	a delayed effective or the record is filed	e date, but not an d.	effective time, at	12:01 a.m. on	th <b>e earl</b> ier
October 1	-A/	2019			

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Filing Fee: \$25.00