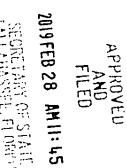
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Office Use Only

10.3/19

## **COVER LETTER**

Division of Cor	rporations			
SUBJECT: <u>E</u>	UROPEAN FL Name of Lim	PAVORS LAC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIUSZ	POGOR 2ELSIC Name of Person	1	
	EUROI	PEAN FLAVOR Firm/Company	<u> </u>	
	648 C	NAK FIELD DR Address		20191
	BRPNDO	N FL, 3351/ City/State and Zip Code	AHASSEE	APPRO ANI FILE 2019 FEB 28
	<u> </u>	PO O VOLOO. CO to be used for future annual report notifi	cation)	ROVEL LED
for further information c	oncerning this matter, please ca	ail:	<u> </u>	<b>1</b> 5
MARIUSZ Name o	POGORZGLSKI Person	at ( <u>773</u> ) <u>939</u> Area Code Daytime	5654 Telephone Number	
Enclosed is a check for th	ne 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 Sta Certified Copy (additional copy is en	atus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

EUROPEAN	FLAVORS	L. L. C.
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on/	24 / 2019 and assigned
Florida document number <u>L 19000025390</u>	•	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-1	
(Principal office address MUST BE A STREET ADDRE	ESS)	
	<u> </u>	
Enter new mailing address, if applicable:		SSE 28 FILL SSE
(Mailing address MAY BE A POST OFFICE BOX)	· · ·	
		7.1S
	•	<b>55</b>
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our ess here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	-	<u> </u>
	Enter Florida str	eet address
	City	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.

ff Changing Registered Agent, Signature of New Registered Agent

If aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or resnoved from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MARIUSZ POGORZELS	KI 4514 SWIFT CIR	Add
		VALRICO, FL 33596	□ Remove
			Change
AMBR	KATARZYNA POGORZELS	KI 4514 SUIFT CIR	<b>5</b> €∧dd
		VALRICO, FL 33596	□ Remove
			□ Change
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Effective	date, if other than the date of filing: (option date of filing or more than 90 days after the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	onal)	
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 66 s date will not be li:	05.0207 (3 sted as the
document	's effective date on the Department of State's records.		
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a	m on the ear	lier of:
The 90	Oth day after the record is filed.	s.m. on the ear	ner or.
Dated	02/25/19 . VPCRICOFT.  Clarify Topowall'  Signature of a member of authorized representative of a member		
	More Proportelis		
	Signature of a member of authorized representative of a member		
	MARINA POLOROS SAN		
	MARIUSZ POGORZELSKI Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00