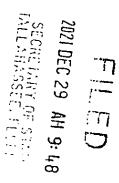
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## COVER LETTER

TO: Registration : Division of Co			
SUBJECT: FLAMIN	G TASTELLC		•
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this maner	to the following:	
	ALEXA D. ROMERO MO	DRONTA	
	<del></del>	Name of Person	
	FLAMING TASTE LLC		
		Firm Company	
	1522 WASHINGTON AV	E	
	··	Address	
	MIAMI BEACH, FL 3313	g	
	flamingtaste/a gmail.com	City State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ex	ıII:	
ALEXA D. ROMERO MORÓNTA		786 538-6940	
Name of Person			Telephone Number
inclosed is a check for t	he following amount:		
1 \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	71\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	1) \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FLAMING TASTE LLC

2021 DEC 29 AM 9: 48

(Name of the Limited Liability Company as it now appears on our records VLLAHASSET, Fig. 1.) The Articles of Organization for this Limited Liability Company were filed on 115/29/2019. \_\_\_\_ and assigned Florida document number 1.19000143305 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 "FFC" or the abbreviation "FFC." 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: New Registered Office Address: Enter Florida street address

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 amending Authorized Person(s) authorized to manage, 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>	Type of Action
MGR	LISBETH J VALBUENA	2730 COLLINS AVENUE APT 304	Add
		MIAMI BEACH, FL 33140	<b>∞</b> Remove
		<b>-</b>	Change
MGR	NELSON J VALBUENA SR	2730 COLLINS AVENUE APT 304	Add
		MIAMI BEACH, FL 33140	<b>≔</b> Remove
			Change
MGR	NELSON J VALBUENA JR	2730 COLLINS AVENUE APT 304	Add
		MIAMI BEACH, FL. 33140	■ Remove
			Change
- <del></del> ·			Add
			Remove
		<del>-</del> -	Change
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			Change
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			Change

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Hecti	ve date, if other than the date of filing:
voic:	if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locum	ent's effective date on the Department of State's records.
d is til	I specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after it ed.
	December (19) 2021
)ated_	36 h
)ated <sub>-</sub>	i MMM.
Dated <sub>s</sub>	Signature of a member of the based representative of a member