

L19000206787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

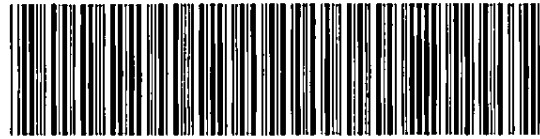
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400354129944

RECEIVED
2020 OCT 22 PM 12:30
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 OCT 22 PM 11:24

© SIMMONS

OCT 23 2020

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

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/21/2020

PRIORITY Routine

OUR REF # (Order ID#) 860769

ORDER ENTITY
MEXICAN FLAVORS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MEXICAN FLAVORS LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: ddiaz@finaccess.com and dmartinez@finaccess.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "W" or "U" followed by a loop.

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.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

20200122 11:08:24

MEXICAN FLAVORS 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 August 14, 2019 and assigned
Florida document number L19000206787.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1384 SW 160 Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, Florida 33326

Enter new mailing address, if applicable:

1384 SW 160 Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, Florida 33326

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:

FINACCESS ADVISORS, LLC

New Registered Office Address:

1111 BRICKELL AVENUE, SUITE 2300

Enter Florida street address

Miami

City

Florida 33131

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 = Manager

AMBR = Authorized Member

2010: 22 1110: 24

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Maria Luisa Alvarez Perez	1384 SW 160 Avenue	<input checked="" type="checkbox"/> Add
		Sunrise, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Jimena De Regil Borbolla	1384 SW 160 Avenue	<input checked="" type="checkbox"/> Add
		Sunrise, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jorge A. Romo Navarro	2671 Cypress Ln	<input type="checkbox"/> Add
		Weston, Florida 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francisco Uribe Callejas	3901 Pinecrest Ct	<input type="checkbox"/> Add
		Weston, Florida 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lizette Ibarra Mexemin	2671 Cypress Ln	<input type="checkbox"/> Add
		Weston, Florida 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ivette Garcia Cano Madrigal	3901 Pinecrest Ct	<input type="checkbox"/> Add
		Weston, Florida 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

7028 UL 64 JAN 10 24

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00