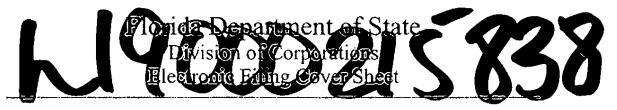
10/10/2019

Division of Corporations



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(((H19000301860 3)))



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Division of Corporations

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: (850)617-6383

From:

: CUEVAS, GARCIA & TORRES, P.A. Account Name

Account Number : I20030000123

Phone

: (305)461-9500

Fax Number

: (786)362-7127

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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OCT 1 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H19000301860 3

UNITED CHOCOLATE FLORIDA ELC (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 08/30/2019 and assigned Florida document number ______19000215838 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." 298 S County Rd Enter new principal offices address, if applicable: Palm Beach, FL 33480 (Principal office address MUST BE A STREET ADDRESS) 298 S County Rd Enter new mailing address, if applicable: Palm Beach, FL 33480 (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 Fiorida

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.

Cuy

If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

H1900301860 3 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

Title	Name	<u>Address</u>	Type of Action
AMBR	SUSANA SCHULZE-SCHLEPPINGHOFF	298 S County Rd	□ Add
		Palm Beach, FL 33480	
			☐ Change
AMBR	HANNO SCHULZE-SCHLEPPINGHOFF	298 S County Rd	
	<u></u>	Palm Beach, FL 33480	Add _23
			Remove
			Change
			□ AbdA □
			□ Remove
		**	□ Change
			□ Add
			☐ Remove
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ffective date, if other than the date of filing:		(option	nai)
an effective date is listed, the date must be specific and canno iote: If the date inserted in this block does not meet the	t be prior to date of filing or e applicable statutory til	more than 90 days after t	iling,) Pursuant to 6051
ocument's effective date on the Department of State's	records.		
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective	e time, at 12:01 a.	m. on the eadle
Dated October 04 , 201	ŋ		

Typed or printed name of signee

SUSANA SCHULZE-SCHLEPPINGHOFF

Page 3 of 3 Filing Fee: \$25.00