## h20000347200

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
(Coordinates)
Certified Copies Certificates of Status
Certained copies
Special Instructions to Filing Officer:

Office Use Only



800376839868

11/23/21--01016--018 \*\*25.00

2021 NOV 23 AT 10: 2

A. BUTLER DEC 1 3 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camile	Flavors & Pa	F/ 2021/18/123	Att to
(Name of the Lim	Ited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)	<del>All Ut Z[</del>
The Articles of Organization for this Limited I	Liability Company were filed on		
Torida document number <u>L2000 @ 34</u>	<u> 1206</u> .		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>	<del></del>	<u></u> "
		<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office address.		r records, enter the na	me of the new registered
Name of New Registered Agent:	Kimberly U	LESTON	
New Registered Office Address:	607 25th	Street	
	Enter .	riorida street address	
	WEST PAIN BEAC.	ـــــــ, Florida _	33407
	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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Kimberly Weston	7489 Via Luna, Lake well, 17,334	67 Add
			□ Remove
			Change
			□ Add
			□Remove
			Change
	<del></del>		□ Add
			[] Remove
			Change
	<del></del>		□ Add
			□Remove
			Change
	<del> </del>		□Add
			□ Remove
			Change
			🗆 Add
			□Remove
			Change

## Page 2 of 3

ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del>.</del>	
_	
an offect [ote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ated	November 2., 2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member