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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	NTB LCC	ited Liability Company	
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Danle Hevas Name of Person Highly Flavored Firm/Company 551 Falcon Ave Address MIAM: Springs Fl 33166 City/State and Zip Code Trader Danle @ outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danle Heras Name of Person Area Code Daytime Telephone Number Einclosed is a check for the following amount:			
Please return all correspondence	ondence concerning this matter	to the following:	
	Dante	HeraS Name of Person	
	Highly	Firm/Company	
	Miami S	PANS FL City/State and Zip Code	33166
	Trader Dan E-mail address: (t	te would look obe used for future annual report notif	. COM
For further information of			,
Dante Name (Heras of Person	at (784) 62 Area Code Daytime	4 - 1996 Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIB 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 12-71-70 and assigned Florida document number 4 20000 390 550
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Highly Flavored by Chef Darle CC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
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
, Florida
Now Designated Agent's Signature of charging Designated Agents

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other the other that is a context of the date inserted document's effective date	date must be specific and in this block does not n	I cannot be prior to da neet the applicable	te of filing or more than	(optional) +0 days after filing.) Pursi ements, this date will r	uant to 605,0207 not be listed as
e record specifies a delayed d is filed.	I effective date, but not	an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90th	n day after the
Dated Apr.	19	7022			
	The state of the s		-		
	Signature of a	nember or authorized	representative of a mer	nber	

Filing Fee: \$25.00