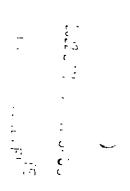
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporation		•
SUBJECT:F	Name of Limited Liability Company	
	Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Evic Day Name of Person	
	Flavor Slap LLC	
	Firm/Company	
	3236 Forum blvd # 1111	
	Address	
	Fort Myers FL, 33905	
	Fort Myers FL 33905 City/State and Zip Code Flavor Slap @ Mail COM E-mail address: (to be used for future annual report notification)	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	terning this matter, please call:	
EVIC	at (404) 277 - 7423 Area Code Daytime Telephone Number	
Name of Pe	rson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

Flavor Slap	LLC		and the second	٠ ن ن
(<u>Name of the Limited Liahi</u> (A Florid	lity Company as it no la Limited Liability Co	w appears on or ompany)	ir records.)	
The Articles of Organization for this Limited Liability Florida document number 38206574	Company were file	d on 12	123/21	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability com	pany here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Compa	ny," the designat	ion "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	- -		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		on our record	s, enter the nan	ne of the new registered
Name of New Registered Agent:	- · ·	<u>.</u> .		
New Registered Office Address:	,	Enter Florida stre	et address	
			Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Register	ed <u>Agent:</u>			

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
MGR	Eric Day	3236 Forum Blvd	_ □Add
	,	3236 FOVUM Blvd #1114 Fort Myers	∠Keep _□Remove
		FL 33905	□Change
AMBR	Jaziah Joseph	3236 Forum Blud	
		3236 Form Blvd # 1114, Fort Myers	X Remove
		FL 33905	
			🗆 Add
			DRemove
			□Change
			□Add
			□Remove
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ı effi te:	ve date, if other than the date of filing:
core s file	I 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 ed.
ed_	
	Ei OV
	Signature of a member or authorized representative of a member
	Evic Day

Filing Fee: \$25.00