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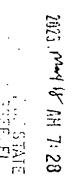
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

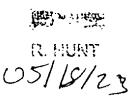
Office Use Only



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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
SUBJECT:	Flavor SI Name of Limi	op LLC	
TOUSING T.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Evic	Name of Person	
		Pr Slaw LLC	
		Firm/Company	
	32.36	Forum Blvd. Fart	- Myeis FL 33905 #
	Fort A	City/State and Zip Code  Offing Co @ gmail . Co to be used for future dinual report noti	- -
For further information	concerning this matter, please ca		
Evic Name	Day of Person	at ( <u>404</u> ) <u>277</u> Area Code Daytim	- 7-423 c Telephone Number
Enclosed is a check for	the 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 Addr		<u>Street Address:</u> Registration Se	ction
Registratior Division of	Corporations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

Flavor Slop LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 22 00000 23.32</u>	ere filed on12	2 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  Day Consulting Co LLC	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3236 FOVUM FOUT MYEVS	Blvd. #1114 FL 33905
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	54	***
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	te name of the new register.
Name of New Registered Agent:  New Registered Office Address:	Same &	7: 29 STATE
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	, FIOF	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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
			Remove
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Note: If the date	f other than the date of a listed, the date must be specified inserted in this block does give date on the Department	not meet	the applic	cable statutory	g or more than 90 filing requiren	(optional) days after filing.) Pursuments, this date will r	uant to 605.0207 ( not be listed as t
e record specifies rd is filed.	a delayed effective date, bu	ut not an e	ffective t	ime, at 12:01 :	a.m. on the earl	lier of: (b) The 90th	n day after the
Dated $\underline{\hspace{1cm}}$	, .	س		_			
	Signature	of a mark	OCT OF 2001	onrived represen	tative of a memb	ner-	
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