L2a000240313

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
JUL 12 2022				

Office Use Only



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GIA TALLAHASSES, FLORIDA

SECRETARY OF SHIP

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VEGGIE FLAVORS LLC				
			- -	
		_		
				Art of Inc. File
<u> </u>				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
			İ	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			***************************************	Cert. Copy
			✓	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		·		Fictitious Owner Search
Signature				Vehicle Search
			_	Driving Record
Requested by: BA	7/11/22			UCC 1 or 3 File
Nama	$\frac{7/11/22}{Data}$	Time		UCC 11 Search
Name	Date	THUC		UCC 11 Retrieval
Walk-In	Will Pick Up		<u> </u>	Couriet

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	LAVORS LLC	•		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Albert Corrada			
	•	Name of Person	·	
	Albert Corrada CPA			
		Firm/Company		
	2655 LeJeune Road Suite 9	902		
		Address		
	Coral Gables, FL 33134			
		City/State and Zip Code	<u>-</u>	
	acorrada@corradacpa.com			
		to be used for future annual report not	ification)	
For further information e	oncerning this matter, please ca	all:		
Albert Corrada		305 804-8569 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 632	. /	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VEGGIE FLAVORS 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 05/24/202	2 and assigned
Florida document number L22000240313		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" 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 a agent and/or the new registered office address here:	address on our records	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	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.

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	ACUNA MORILLO, JUAN C	2655 LeJeune Road Suite 902	□Adđ
		Coral Gables, FL 33134	≣Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
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<u>. — — </u>	
(If an effective d Note: If the o	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
ne record speci ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2022
مح	Ht / (e)
	Signature of a member or authorized representative of a member
E	RIQUE MORCILLO CASTILLO
	Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

Div	ision of Co	orporations				
ovin an om	VEGGIE	FLAVORS LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return	all corresp	ondence concerning this matte	r to the following:			
		Albert Corrada				
			Name of Person			
		Albert Corrada CPA				
	Firm/Company					
	2655 LeJeune Road Suite 902					
			Address			
		Coral Gables, FL 33134				
			City/State and Zip Code			
		acorrada@corradacpa.com	to be used for future annual report no	· A		
For further inf	Cormution a	e-mail address: (oncerning this matter, please c		ottication)		
		oncerning this matter, prease c	aii.			
Albert Corrada	a		305 804-8569 at () Area Code Daytii			
	Name of	Person	Area Code Dayti	me Telephone Number		
Enclosed is a c	heck for th	e following amount:				
□ \$25.00 File	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Address		Street Address: Registration Se			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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