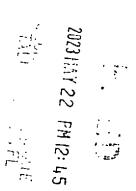
123000065750

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/21p/1 Horie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Gertified Copies				
Special Instructions to Filing Officer:				



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Office Use Only

C/ 7/14/2023

COVER LETTER

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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

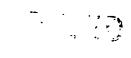
Division of Corporations	
SUBJECT: Coubbean Slasming taste. Name of Limited Liability Company	<u>LLC</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Caribbean Seasoning	Taste UC
1802 Low your Creck C	incle Abrth
BOYNAM BROWN FLOVIOR City/State and Zip Code On Markey Look & Communication of Fund Code On Markey Look & Communication of Fund Code On Markey Look & Communication of Fund Code On Markey Look & Code On	33436
- 0	Com
For further information concerning this matter, please call:	
Name of Jerson at (50) 860 - (Daytime Te	3103 Jephone Number
Enclosed is a check for the following amount:	
▼ 525.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



_			2023 花子 22 PH 12:
_ aribbean Se	Koning to	Stoll C	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it how appears (a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	2/06/202-	3 and assigned
Florida document number <u>123 WOO65 7</u>	50	7-17-0	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	<u>iited liability company here</u>	<u>:</u> :	
	14:10:20		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	ignation "LLC" or the	abbreviation "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:		<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
D. Hamanding the series of the	ر سيدر		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
		, Florida _	
	Cii_{V}		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wilda Bernard	1435 NW 4th St Boynton Beach, UN 334361	□Add
	Colen	Boynton Beach, UN 3343F1	2 Remove
			□Change
			JAdd
			□Remove
			□Change
			□Add
			□Remove
			IChange
			□Add
			□Remove
			□Change
			□Add
			IRemove
			TChange
			□Remove
			1 1/m

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please semove MIR UIII da
Please remove MG-R WILda Lernard Colin
Serial of Charles of the Cot
Address: 1435 NW4th St
Boynton blank FL 33435
E. Effective date, if other than the date of filing:
(If an effective date is fisted, 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)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record 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 record is filed.
- / 1212
Dated $\frac{5}{17}$ $\frac{30}{30}$.
Danio Ma Sea La
Signature of a member or authorized representative of a member
Typed or printed name of signer

Filing Fee: \$25.00