

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

TO:

Registration Section Division of Corporations

| | FAVORS ENTERPRISE AND | DISTRIBUTION LLC | |
|--------------------------------|--|---|--|
| SUBJECT: | Name of Lin | nited Liability Company | |
| | Amendment and fee(s) are sub | - | |
| Please return an correspo | ndence concerning this matter | to the following: | |
| | EVEROL MOULTON | | |
| | | Name of Person | |
| | GLOBAL FAVORS ENT | ERPRISE AND DISTRIBUTION | LLC |
| | | Firm/Company | |
| | 2606 BELMONT LANE | | |
| | | Address | |
| | NORTH LAUDERDALE | , FLORIDA, 33068 | ~ |
| | | City/State and Zip Code | SECRETARY SECRETARY |
| | GFEDLLC@GMAIL.COM | | RE NOV |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information co | oncerning this matter, please c | all: | ASSE AT |
| EVEROL MOULTON | | 754 2441027 at () | te Telephone Number |
| Name of | Person | | e Telephone Number |
| Enclosed is a check for th | e 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 S | | Street Address: Registration Se | ction |
| Division of C | orporations | Division of Cor | porations |
| P.O. Box 632 Tallahassee, F | | The Centre of T 2415 N. Monro | allahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GLOBAL FAVORS ENTERPRISE AND DISTRIBUTION 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 Florida document number <u>L23000305842</u> . | were filed on 06/26/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| GLOBAL FLAVORS ENTERPRISE AND DISTRIBUTION LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2021 SEC |
| | | |
| | | AAR -5 |
| Enter new mailing address, if applicable: | | ASSOF H |
| (Mailing address MAY BE A POST OFFICE BOX) | | MA J |
| | | <u> </u> |
| | | - (1) |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>e</u> i | nter the name of the new registe |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress ' |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | • • | |

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> | Name | Address | Type of Action |
|--------------|------|--------------|---|
| | | | □Add |
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| ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. | (optional) 00 days after filing.) Pursuant to 605.020 ements, this date will not be listed a |
| d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ealed. | |
| October 18 2024 Signature of a member of authorized representative of a mem | |
| /&#</td><td></td></tr><tr><td>Signature of a member of a mem</td><td>iber</td></tr></tbody></table> | |

Filing Fee: \$25.00