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PICK-UP	WAIT MA	IL
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Certified Copies	Certificates of Status	
Special Instructions to Filin	ng Officer:	
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Office Use Only



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Chef's Signatue Flavor UC  Name of Edmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
1606 San Drego AVe
City/State and Zip Code  CSF (available and Lown)  Compared (to be used for fature annual report notification)
E-Hall dedicts (10 as as
For further information concerning this matter, please call:    Transcript   Stuis   at (727)   371 - 2190     Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:  2\$\frac{1}{2}\$\$25,00 Filing Fee
Mailing Address:  Street Address:  Projection

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Lial (A Flo	Signatur Flav billiv Company as it now appears or rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2300047949</u>		0 23 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	re Flavor LLC	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registengent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:	AND BOTH OF	
New Registered Office Address:	Enter Florida :	treet address
	City	, Florida

#### 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
			□Add
			□Change
		Петюче	
		□ Add	
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		□ Change	

### Page 2 of 3

(If an et <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	03/01/2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee