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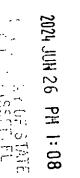
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COVER LETTER

TO:				•
	SKY FLAV	OR LLC		
SUBJE	CT:			
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: MARYORI C NAVA Name of Person SKY FLAVOR LLC Firm/Company 312 CARIBBEAN DR Address DAVENPORT, FL 33897 City/State and Zip Code INFO@THELICENSEPRO.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: I C NAVA Name of Person S a check for the following amount: OF Hing Fee Certificate of Status Certified Copy (additional copy is enclosed) Intelligence of Status & Certified Copy (additional copy is enclosed) Intelligence of Status & Certified Copy (additional copy is enclosed) Intelling Address: Registration Section Division of Corporations		
			Name of Person	
		SKY FLAVOR LLC		
			Firm/Company	
		312 CARIBBEAN DR		
		-	Address	
		DAVENPORT, FL 33897		
		INFO@THELICENSEPRO		
		E-mail address: (to be used for future annual report not	ufication)
For furt	her information o	oncerning this matter, please c	all:	
MARYO	ORI C NAVA		321 430-9294	
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
- .		r eu ·		
		_		
■ \$2 5	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	_		_	
	P.O. Box 632		Division of Co The Centre of	

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	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:		2024 JUN 2
(Mailing address MAY BE A POST OFFICE BOX)		6 PH 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City:	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ee to act in this capaci performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
			□Remove
			□Change
			□Add
		·	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□ Change
			□Add
			□Remove
			Change

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Signature of a member or authorized representative of a member MARYORI C NAVA	Maria	ni C Nava	
MARYORI C NAVA	- jnurgi	Signature of a member or authorized representative of a member	
	MARYORI C NAVA		

Filing Fee: \$25.00