L24000/15719

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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SECRETARY OF STATE
TALLAHASSEE, FL







April 24, 2024

FUNG YI CHEUNG 1280 PALM COAST PKWY SW PALM COAST, FL 32137

SUBJECT: MML FLAVORFUL LLC Ref. Number: L24000115719

We have received your document for MML FLAVORFUL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the type of action you are taking with the authorized member.

Please return your document, along with a copy of this letter, within 60 days of ALL ARY OF STATE (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 324A00008971

COVÉR LETTER

TO:

TO:	Registration Sec Division of Cor					
SUBJE	CT: MML FLA	VORFUL LLC				
		Name of Limit	ted Liability Company			
		Amendment and fee(s) are subr				
Picase re	eturn all correspo	ndence concerning this matter t	6 the following:			
		FUNG YI CHEUNG	Name of Person			
			Name of Cervin			
		MML FLAVORFUL LLC				
			Firm Company			
		1280 PALM COAST PKW	Y SW			2024 MAY -3 PM 6: 18
			Address		201 S1	
		PALM COAST, FL 32137			Z4 HAY ECRE	**
			City State and Zip Code		7 - 3 7 - 3	?
		incorp@mslulucpa.com E-mail address: (t	o be used for future annual report notifica	stion)	Y O YSS	1
For furt	her information c	oncerning this matter, please ca	ill:		1 6: 11 F STA EE, FI	6: 1
Lulu W	'ang		at (626) 993-0788		- HE B	
	Name o	f Person	Area Code Daytime T	elephone Number		
Enclose	d is a check for th	ne following amount:				
ff. \$25	.00 Filing Fee	[7] \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Certificate o Certified Co tadditional cop	f Status & py	
	Mailing Address Registration		<u>Street Address:</u> Registration Secti	on		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	MML FLAVORFUL LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 address on our records, enter the name of the new registered agent and/or the new registered Office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida Street address Enter Florida Street address	(<u>Name of the Limited Liab)</u> (A Flore	ility Company as it now appears on our records.) da Limited Liability Company)	
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Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS	N/A		
Enter new mailing 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	ic abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	Enter new principal offices address, if applicable:	N/A	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the fiew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Principal office address MUST BE, A STREET ADD	ORESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the fiew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			TX 24
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New Registered Office Address: Enter Florida street address Florida			
Enter Florida street address	Name of New Registered Agent: N-A		
. Florida	New Registered Office Address:		
. Florida		Enter Florida street address	
2 Mari	<u> </u>	, Florida	2m 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 jurther 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
AMBR	FUNG YI CHEUNG	1280 PALM COAST PKWY SW	□Add
		PALM COAST, FL 32137	TRemove
			
		 	
			□Change
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			2024 MAY -3 SECHETARITINGS TAIDLAHAS
			MAY -3 PM 6: 18 AULAHASSEELFL IIRemove
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Filing Fee: \$25.00