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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USA GESTIONES, LLC

Account Number : I20230000016 : (305)965-6948 Phone : (305)508-6375 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EMPRESAS@USAGESTIONES.COM Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## FLAVORS OILS USA, LLC

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JUN - 4 2024

From: Luis Poyato Molina

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# ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION

FLAVORS OILS USA, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000179496</u> .	were filed on 04/16/2024 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the second secon	hencw registered
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:	Enter Foreida street uddress	2:
	Enter Pariate street dates	-

### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 oud 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.

Cire

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> MGR	Name ANTONIO L CANO JIMENEZ	Address 990 BISCAYNE BLVI	Type of Action  O ■Add
		MIAMI, FL 33132	Remove
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From: Luis Poyato Molina

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aed 3 JUNE	· · ·	2024	<u>.</u> .				
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