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DEFINITIVE NOT STATE
INVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
BIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of (Corporations					9,
SUBJECT:						
SUBJECT.	Name	of Limited Lis	ability Co	mpany		1 101 28
		•				, O
The enclosed Articles	of Amendment and fee(s) are submitted	l for filing	·		•
Please return all corre	spondence concerning th	is matter to the	following	g :		
			Name of P	erson		
	•					
•			Firm/Com	pany		
			Addres	S		
		City	/State and	Zip Code		
•	COULTE	RJM@EMBAR	QMAIL.	ом -		
Particular later sta			sed for futu	re annual report nonneau	o <i>)</i>	
r or further informatio	n concerning this matter	, pieuse caii:			·	
	ne of Person		_ at () Area Code & Daytime Te	, 11	_
Nan	ie of Person			Area Code & Daytime Te	reprione Number	
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fe	e& 🗀	\$55.00 Fil	ing Fee &	\$60.00 Filing	Fee,
_ ,	Certificate of		Certified		Certificate of Certified Co (additional of	
		216-2 NAUTHA	-940	•		
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	n quitte		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hot Pepper	- PLDDO	oftre	(21e	19 19
Hot Papped (Name of the Limited) (A	Liability Compan Florida Limited Li	y as it now ap ability Compa	pears on our records.) ny)	ى
The Articles of Organization for this Limited Li Florida document number <u>人の8のの</u> の	ability Company	were filed on	7-10-08 and as	ssigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company	here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Co	ompany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	+0,2 tell.	2 Los tec Rd Fl. 323/7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		BOX 5274 Fl 32316	
B. If amending the registered agent and/oregistered agent and/or the new registered of			on our records, enter the name	of the new
Name of New Registered Agent:	John	S	Cos lfer	
New Registered Office Address:	32314	1922	Los Le Rd Enter Florida street address	<u> </u>
			, Florida	7
		$\cup IN$	zin Coo	IP

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address MGRM Robert W. West

MGRM Prisc, 1/2 E. Wast Add Remove ☐ Add Remove Remove ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Tohn S, Coh /fic
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00