L15000174275

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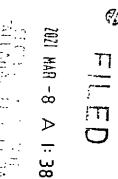
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		•		
Chili Willy	Hot Sauce., LLC		,-		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Basilio Paneque				
		Name of Person			
	Chili Willy Hot Sauce., LL	С			
		Firm/Company		<u> </u>	
	1038 SW 29th Ave				
		Address			
	Miami, Florida 33135				
	·	City/State and Zip Code			
	bpaneque@msn.com				
	E-mail address: (to be used for future annual r	eport notification)		
For further information of	concerning this matter, please ca	ıll:			•
Basilio Paneque			525 1537		
Name o	of Person	Area Code	Daytime Telephone	Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	oscd) (60.00 Filing Fee, Certificate of Status & Certified Copy: 20 additional copy is enclosed)	77
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Division The Cen 2415 N.	dress: ution Section of Corporations of Tallahasse Monroe Street, see, FL 32303	A 1:38	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chili Willy Hot Sauce., LLC		
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L15000174275</u>	ompany were filed on 10/08/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nar	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	2011
	City	Zip Cay I
New Registered Agent's Signature, if changing Registered Agent:		8-
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and consuccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am int as provided for in Chapter 605, F.S. Or.	familiar with and if this document is

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>	<u>Address</u>	Type of Action
AMBR	Raul Dube	9380 SW 62nd St Miami, FL 33173	= Add
			□Remove
			□Change
			□Remove
			□ Change
			Remove
			Change
			Remove (2)
			B □ Add T7
			Remove □
			□Change
			□Add
			□Remove
			□Сһалде

Raul Dube - equal financial pa	nner and authorize member	01/01/2021		
				
				
				
			<u> </u>	
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	·			
	·			
tive date, if other than the d	ate of filing: 01/01/2021		(optional) .	. .
ffective date is listed, the date must least for the date inserted in this bloom.	e specific and cannot be prior to	o date of filing or more tha	n 90 days after filing.) Pursi	นูลิวี t to 605.0
nent's effective date on the Dep		ore statutory ming requ		E I I I I I I I I I I I I I I I I I I I
ord specifies a delayed effective	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90st	day aftor
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01/26/2021			1: 38	
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	ignature of a member or author			