46000070356

(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
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C. GOLDEN MAY 2 0 2019

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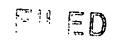
	Registration Se Division of Cor			
eno iez	Express Yo	our Sauce, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Donald H. Bowman		
			Name of Person	
		Bowman & Krieger, Attor	neys at Law	
			Firm/Company	
1045 Lincoln Mall, Suite 100				
			Address	
		Lincoln, NE 68508		
			City/State and Zip Code	
		dbowman@bowmanandkrieger.com		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information e	oncerning this matter, please co	all:	
Donald F	I. Bowman		402 476-8005 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25,0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAY -3 AM 8: 37

EXPRESS YOUR SAUCE, LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/08/201}{1.16000070356}$.	6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
TransFormASpace, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	records, enter the name of the new
Enter Florida stree	et address

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 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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change

(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d Cycl 30 . 2019 Our Docume Signature of a member or authorized representative of a member
	Signature of a mamber or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00