L18000129026

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R. HUNT 07/05/23

COVER LETTER

TO:	Registration Se Division of Cor		7	•	•			
SUBJE	El Fogon Sa	abroso LLC						
301301		Name of Lim	ited Liability Comp	any				
		4						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		Sadi Esquilin						
			Name of Per	son				
		El Fogon Sabroso LLC						
			Firm/Compa	iny				
		11526 Wingham Court					<u> </u>	
		-	Address			 -	: ;	
		Orlando,Florida 32837				SVIII.	Ü	، 1.
			City/State and Zi	p Code		m n m n	C	
		sadi_esquilin@yahoo.com	t	1 ===	<i>C</i>	 전 <u>구</u>	PM 4: 10	144.00
For fur	ther information c	oncerning this matter, please c	to be used for future all:	annuai report nou	ncation)	· 📶	0	
Sadi Es	squilin		407	744-3667				
	Name o	f Person	at (at Co	de Daytini	e Telephone ?	Number		
Enclos	ed is a check for th	ne following amount:						
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional ed	_	Co Ce	0.00 Filing ertificate of ertified Cop dditional copy	f Status oy	
	Mailing Address			reet Address:	ction	,		
	Registration S Division of C		Registration Section Division of Corporations					
	P.O. Box 632	.7	T	he Centre of T	allahassee			
	Tallahassee, l	FL 32314	24	415 N. Monro	e Street, S	uite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El Fogon Sabroso LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/24/2018 and assigned Florida document number L18000129026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: El Fogon Sabroso and Sabroso Liquids LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

_. Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee