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COVER LETTER

		stration Sect sion of Corpo						
eun ir c		DOS HERMA	ANOS GOURMET PEPPER	SAUCE				
SUBJEC	,l: <u> </u>	Name of Limited Liability Company						
The enclo	osed	Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please re	turn a	all correspond	dence concerning this matter t	to the following:				
			JIMMY RYALS					
				Name of Person				
			DOS HERMANOS GOUR	MET PEPPER SAUCE				
				Firm/Company				
			780 REFLECTION COVE	ROAD E.				
				Address	· · · · · · · · · · · · · · · · · · ·	 -		
			JACKSONVILLE FLA, 32	2218				
				City/State and Zip Code				
			JIMMYRYALS@GMAIL.C					
			E-mail address: (t	o be used for future annual re	port notification)			
For furth	er inf	formation con	cerning this matter, please ca	li:				
ЛММҮ	RYA	ıLS		252 671	-3061			
		Name of F	erson	Area Code	Daytime Telephone	Number		
Enclosed	lisa	check for the	following amount:					
□ \$ 25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

DOS HERMANOS GOURMET PEPPER SAUCE (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 NOVEMBER 13, 2018 and assigned Florida document number _L18000264075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) بي B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAMUEL RYALS	340 SHEPPARD LAKE CT, APOPKA FL, 32703	Add
			Remove
			Change
MGR	BRENDA RYALS	780 REFLECTION COVE RD E. JACKSONVILLE FL, 32218	■ Add
			☐ Remove
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ative date if other than the de	e of filing:	(optional)
effective date is listed, the date must be	specific and cannot be prior to date of filing or me	ore than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block ament's effective date on the Depa	does not meet the applicable statutory filing timent of State's records.	g requirements, this date will not be listed
record specifies a delayed ef ne 90th day after the record	fective date, but not an effective t is filed.	ime, at 12:01 a.m. on the earlier
NOVEMBER 30	2018	
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Typed or printed name of signee

Filing Fee: \$25.00