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COVER LETTER

TO: Registration Sec Division of Corp			
subject:D	. X SPICY 22 Name of Line	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	XIA	ozi Ziu	
		Name of Person	
		Firm/Company	
	888 Biscafne i	3/vd, Apt # 2801.	
	Miami, F	City/State and Zip Code	
	ichn SPichs E-mail address: ()	City/State and Zip Code hop @ gmail • Com to be used for future annual report note	fication)
For further information ec	oncerning this matter, please ca		
Xia v Name of	Li Liù Person	at (<u>786</u>) <u>296</u> Area Code Daytim	70 88 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 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:

TO:

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

D.X SPICY ZCC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) upany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\angle 19000 \circ 36474$.	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp $D - \times SPICY \angle \angle C$	
D - X SPICY LLC The new name must be distinguishable and contain the words "Limited Liability Company	v," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TALL EB
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	11: 25
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	Zip Солlе

If Changing Registered Agent, Signature of New 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.

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
		 	Add
			□ Remove
			☐ Change
			Add
			Remove
		 	Change
			□ Remove
			Chringe
			☐ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
_	
Note: If	e date, if other than the date of filing:
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	February 18 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	XIAo ZI ZIU Typed or printed name of signee

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Filing Fee: \$25.00