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COVER LETTER

TO: Registration Section

Division of Co	orporations		
BITEANS	SAUCE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	ENMANUEL VILLALO	BOS	
		Name of Person	
	BITEANDSAUCE LLC		
		Firm/Company	
The enclosed Articles of Amendment and fee(s) are submitted asserted and correspondence concerning this matter to the ENMANUEL VILLALOBOS BITEANDSAUCE LLC 5701 NW 112TH AVE APT 10 DORAL FL 33178 Ci ENMANUEL VILLALOBOS 20 E-mail address: (to be or further information concerning this matter, please call: NMANUEL VILLALOBOS Name of Person selosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee} \Begin{align*} \text{S30.00 Filing Fee} \& \text{Certificate of Status} \end{align*} Mailing Address: Registration Section	PT 101		
		Address	
	DORAL FL 33178		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	fication)
For further information c	concerning this matter, please o	call:	
ENMANUEL VILLALO	OBOS	786 3280492	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ S25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BITEANDSAUCE 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 10/11/2019 _____ and assigned Florida document number L19000256131 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMAZING SHINE GROUP 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 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.

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
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			🗆 Remove
			□Change
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			🗖 Remove
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