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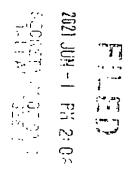
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COVER LETTER

Division of	n Section Corporations				
Lea's B	lack Gold LLC	•	•		
30bJEC1	Name of Lin	nited Liability Company		•	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	Souphaphone Collins				
		Name of Person		_	
	Lea's Black Gold LLC			7921 1582	
		Firm/Company			
	300 Summerville Ln			· · · · · ·	:
		Address			•
	Sanford, Florida 32771			PH 2: 05	
		City/State and Zip Code		_ ·: ')`	
	info@blackgoldsauce.net				
		to be used for future annual report not	fication)		
For further information	on concerning this matter, please of	all:			
Souphaphone Collins	3	407 694-8951 at ()			
Nar	ne of Person		ne Telephone Numbo	er	
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
P.O. Box 6	on Section f Corporations	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 8	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lea's Black Gold 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 5/7/2021 and assigned Florida document number L21000214426 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Black Gold Sauce 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.

City

, 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:

MCD ~	Manager		
MOK -	wianager		
AMRR :	= Authorized Member		
- AIGHTOIX	- Authorized Michiger		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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