

K21000221321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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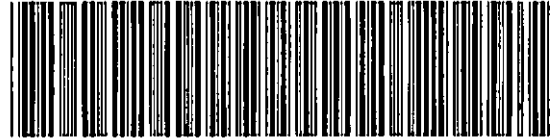
(Business Entity Name)

(Document Number)

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2021 JUN -6 PM 1:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAPAN GLOBAL HOTSAUCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN DOREUS
Name of Person
AVNER ASSET LLC
Firm/Company
240 NW 143RD STREET
Address
MIAMI FL 33168
City/State and Zip Code
cmaruo07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Doreus 760 805-6602
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAPAN GLOBAL HOTSauce 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 5/12/2021 and assigned
Florida document number L21000221321.

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)

Coko Maruo-Williams
39 Fairchild Circle
Offutt AFB, NE 68113

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: Coko Maruo-Williams

New Registered Office Address: 240 NW 143rd Street

Enter Florida street address

Miami, Florida 33168
City Zip Code

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.

DocuSigned by:

2F9AEFF1578B4B4

If Changing Registered Agent, Signature of New Registered Agent

In 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>	<u>Type of Action</u>
CEO	DUMAS, REGINALD C	142 RUPERTUS DRIVE	<input type="checkbox"/> Add
		SAN CLEMENTE CA 92672	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOREUS, JOHN	240 NW 143RD STREET	<input type="checkbox"/> Add
		MIAMI FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MARUO-WILLIAMS, COKO	240 NW 143RD STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 JUN -10 PM 1:06

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 23, 2021

DocuSigned by:


2E9AEEF1528B484
Signature of a member or authorized representative of a member

COKO MARUO-WILLIAMS

Typed or printed name of signee