

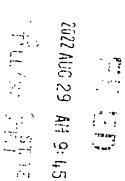
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A. BUTLER
DEC - 3 2022

COVER LETTER

Registration Section Division of Corporations

TO:

Fat Mike's SUBJECT:	L.E.C.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Rasheem Edward					
	Name of Person					
	Zenbusiness Inc					
		Firm/Company				
	5511 Parkerest Dr. Suite 1	03				
	_	Address				
	Austin, TX 78731					
		City/State and Zip Code	· -			
	fulfillment@zenbusiness.co					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all;				
Zenbusiness Inc c/o Rasheem Edward		844 4936249 at ()_				
Name of Person		at () Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fat Mike's L.L.C.

(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 7/27/2022 Florida document number 1.22000332187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sauce Boss Pizzeria L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Cirv

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

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

			4,7	
۸	MBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			■Remove
			□Change
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Effective date, if other than t If an effective date is listed, the date i	he date of filing:	to date of tiling or mare then 90 day	(optional)
Note: If the date inserted in this document's effective date on the	block does not meet the application	able statutory filing requirement	is, this date will not be listed as t
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	tive date, but not an effective ti	me, at 12.01 a.m. on the earner	of: (b) The 90th day after the
rd is filed.		·	of: (b) The 90th day after the
e record specifies a delayed effect rd is filed. Dated 8/19 /s/Ryan Paul Da	nzi		of: (b) The 90th day after the
rd is filed. Dated	nzi	prized representative of a member	of: (b) The 90th day after the