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(Req	uestor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Registration : Division of Co			
	y Hot Sauce Company, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	of Amendment and fee(s) are sub	-	
Please return all corres	pondence concerning this matter	to the following:	
	Jason Dial		
		Name of Person	
	The Happy Hot Sauce Cor	npany	
		Firm/Company	
	2954 Bayshore Dr		
		Address	
	Tallahassee, FL 32309		
		City/State and Zip Code	
	TheHappyHotSauceCompa	ny@gmail.com to be used for future annual report notifi	
For further information	concerning this matter, please c	·	(Cathar)
Jason Dial		850 591-5112	
Name	of Person	at () 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)
<u>Mailing Addr</u>	ess:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Happy Hot Sauce Company, 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 $\frac{10/31/2022}{1}$ Florida document number <u>L22000466488</u> 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 "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 City 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Jason Dial	Jason Dial	2954 Bayshore Dr	
		Tallahassee, F1, 32309	□Remove
			□Change
			□ Add
			□Change
			□Add
			□Remove
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		□Remove	
			□ Change

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(If an effe <u>Note:</u> I	ce date, if other than the date of filing:
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 d.
Dated _	Rovember 18th 2022
	Signature of amember or authorized representative of a member
	Jason Dial
	Typed or printed name of signee