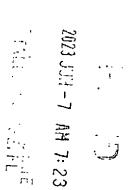
122000533242

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COVER LETTER

TO:

TO: Registration S Division of Co		*
WE LOV	E YOYO SAUCE, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.
	ondence concerning this matter	
	ERIK J UGI	
		Name of Person
	WE LOVE YOYO SAUC	E LLC
		Firm/Company
	PO BOX 951	
		Address
	JENSEN BEACH, FL 349	58
	ERIKUGI@BELLSOUTH.	City/State and Zip Code NET
	- -	to be used for future annual report notification)
For further information	concerning this matter, please c	all:
ERIK J UGI		561 714-5588
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327	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

2023 JUH - 7 MM 7: 23

(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 $\frac{12/21/2022}{1}$ and assigned Florida document number 1.22000533242 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) 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

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	WANNGAM. SOMBAT	10923 S US HWY 1 PORT SAINT LUCIE, FL 34952	? □Add
			_ ■ Remove
			_ □Change
			_ □Add
			_ ∃Remove
			_ IChange
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			_ □Add
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			_ □Add
			_ TRemove
			_]Change
			_ ⊐Add
			_ TRemove
			TChange

5	PERCENT OWNERSHIP THAT SOMBAT HAD WILL NOW GO TO ERIK J UGI FOR A
T	OTAL OF 80 PERCENT OWNERSHIP
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ffecti	ve date, if other than the date of filing:(optional)
an effi iote:	etive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recore Lis til	I 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 ed.
ated .	MAY 31ST 2023

Filing Fee: \$25.00

Typed or printed name of signee