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COVER LETTER

TO:

Tallahassee. FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: SA	Y SOMETHING	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	<u> Sasha</u>	A JEROME Name of Person	
	SAY S	omething we	
		Firm/Company	
	17 cro	SSINGS CIR APT	<u> </u>
	BOYNTO	N BEACH, FL 33.	436
		to be used for futural inual report notification	
For further information co	encerning this matter, please co	all:	
SASHA A	JEROME	at (443) 366-6	
:vame or	retsuii	Area Code Daytime Tele	ephone Number
Enclosed is a check for the	e 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		Street Address:	
Registration S		Registration Section	
Division of Co P.O. Box 6327	•	Division of Corpora The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAY SOMETHING LLC 2001. (Name of the Limited Liability Company as it now appears on our records.)
(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 412612019 and assigned Florida document number 41900114055
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 amonding the registered agent and (applicable of the second agent agent and (applicable of the second agent age
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 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
CEO	SASHA A JEROME	17 CROSSINGS CIR APT C	□Add
		BOYNTON BEACH, FL 334	36 □ X Remove
			□ Change
16	DAPHNE M JEROME	17 CROSSINGS CIR APT C	🗆 Add
		BOYNTON BEACH, FL 3343	6 Remove
			□Change
VP	JUNIOR JEAN PAUL	17 CROSSINGS CIR APT C	□Add
		BOYNTON BEACH, FL 334	36 Remove
			□Change
MGR SA	SASHA A JEROME	17 CROSSINGS CIR APT C	<u></u> ∑ Add
		BOYNTON BEACH, FL 334	(36 □Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change

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(If an eff Note:	ve date, if other than the date of filing:
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE 26 2020.
	Signature of a member or authorized representative of a member
	SASHA A JEROME

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