8/2/23, 5:16 PM

Division of Corporations

Florida Department of State Division of Comorations

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Account Number : FCA000000023 Phone

: (954)208-0845

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Email Address:__

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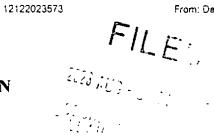
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K. SALY

AUG - 4 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SAS HOLDINGS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records, Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/20/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
n/a The new name must be distinguishable and contain the words "Limited Liabil	Dis Company " the decignation "F I C"	as the abbanistim OLL C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	or the aborevision. L.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		he name of the new registered
Name of New Registered Agent: n/H		
New Registered Office Address:	Enter Florida street address	
		••
	City	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: Page: 4 of 5

2023-08-02 15:22:05 CST

12122023573

From: David Th

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
MGR	Thomas J. Guilfoy	5525 W. Cypress Street	Add
		Tampa, FL 33607	□Remove
			□Change
MGR Ju	Justin T. Johnson	5525 W. Cypress Street	\(\text{\tint{\text{\tin}\text{\tex{\tex
		Tampa, FL 33607	□Remove
			Change
			□ Add
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the listed.	llock daes not meet	the applicabl	date of filing or me statutory filin	ore than 90 days at g requirements, t	tional) ter filing.) Pursu his date will n	ant to 605.020 ot be listed a
record specifies a delayed effecti is filed.	ve date, but not an	effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
	2	2023				
ated August 2	,	, ,				
ated August 2	Signature of a men	H+ 1	<u></u>			