L10000119116

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T. HAMPTON

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EXAMINER

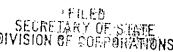
COVER LETTER

Division of C	Corporations		<i>;</i>	
SUBJECT:	Sa	asy's, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		Sharon Anderson		
		Name of Person		
	Sasy's, LLC			
	Firm/Company			
	38	394 56th Avenue North		
		Address		
	S	t. Petersburg, Fl 33714		
		City/State and Zip Code		
	E-mail address: (erson7_63@hotmail.com (to be used for future annual report notific	ation)	
For further informatio	n concerning this matter, please	cali:		
*****	haron anderson		89-8941	
Nam	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF SOCROWATIONS. ات 10 DEC 22 PM 2: 22 Sasy's, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) 11-16-2010 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L10000119116 Florida document number 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 end with 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: sharon anderson Name of New Registered Agent: 3894 56th avenue north New Registered Office Address: Enter Florida street address st petersburg

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Name **Address Title** Wendy Heilig mgrm 5643 White Trillium Loop ✓ Add Remove Land o Lakes FL34639 ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 20 2010 Dated Signature of a member or authorized representative of a member **Sharon Anderson** Typed or printed name of signee

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Filing Fee: \$25.00