## L12000091446

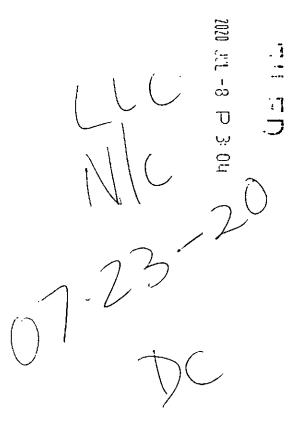
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

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CHIDII	ecer.	RIDDLE O	N THE GRIDDLE (changing to		
SUBJE	,	—— <del>- (</del>	Name of Limit	ed Liability Company	
The en	closed	Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return	all correspo	ondence concerning this matter to	the following:	
			PAULA SKINNER		
				Name of Person	
			SAUCY SLIDERS		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·
			9790 66TH ST N, #346		
				Address	· · · · · · · · · · · · · · · · · · ·
			PINELLAS PARK, FL 337	32	
				City/State and Zip Code	
•			SAUCYSLIDERS@GMAIL  E-mail address: (to	.COM  be used for future annual re	port notification)
For fur	rther ir	oformation o	concerning this matter, please cal		•
PAUL	A SKI	NNER			0930
		Name o	of Person	at () Area Code	Daytime Telephone Number
Enclos	sed is a	check for t	he following amount: 🚜 ಒನಿಕೆ:	1AY PD \$50	
		Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &
		iling Addre gistration			tion Section
		vision of C D. Box 632	Corporations 27		of Corporations tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIDDLE ON THE GRIDDLE LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	empany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/16/, 2012	and assigned
Florida document number <u>L12000091446</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SAUCY SLIDERS LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		1720
		<u></u>
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX		T T
		<del>ر</del> . ا
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
<del></del>	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 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

is amending Authorized rerson(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

Title	Name	Address	Type of Action
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			□Remove
			□ Change
<del></del> -			□Add
			□Remove
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an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E					
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