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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sassy Bags by Allie LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allison Blaylock Name of Person
Sassy Bags by Allie Firm/Company
1356 Holmes Landing Dr. Address
Fleming Island, FL 32003 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
Allison Blaylock at (808) 265-1949 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

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

Sussy Buys by Allie (Name of the Limited Liability Compa (A Florida Limited L	LLC	
(<u>Rame of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000100415}{}$.	were filed on <u>08/08/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1356 Holmes Lan	ding Drive
(Principal office address MUST BE A STREET ADDRESS)	1356 Holmes Lan Fleming Island, FL	32003
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
		. •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	77. 12. 1
New Registered Agent's Signature, if changing Registered Agent:	cui	Zip Code: (7)
.c. inclusion when a signature, it changing Registered Agent:		යව

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, 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
		 	Change
		 	□Add
			□Remove
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Page 2 of 3

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<u>te:</u> If the da	e, if other than the date is listed, the date must hate inserted in this bloce ective date on the Dep	ck does not meet the	applicable statute			
	ecifies a delayed day after the reco		ut not an effe	ctive time, at 1	2:01 a.m. on t	the earlier
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Page 3 of 3

Filing Fee: \$25.00