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Special Instructions to	Filing Officer:	<del>""</del>





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SECRETARY OF STATE TALLAHASSEE, FLORIO/ 2015 HAR | 7 PM |: 2

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		SASSY	BADGE, LLC	·
SUBJ	IECT:	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		KELLY KWAIT		
			Name of Person	
		SASSYBADGE LLC		
			Firm/Company	
		15 PARADISE PLAZ	ZA #177	
			Address	
		SARASOTA, FL 342	239	
			City/State and Zip Code	
		KELLYKWAIT@GM	AIL.COM to be used for future annual report notifica	tion)
For fi	urther information c	oncerning this matter, please co	·	inon)
KEL	LY KWAIT		941 539-2232 at ()	
	Name o	f Person	Area Code Daytime To	elephone Number
Enclo	osed is a check for th	ne 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: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAS	SY BADGE, LLC	
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on02/18/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
SASSYBA	ADGE LLC	
The new name must be distinguishable and end with the words "Lim	nited 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 ADDR	ESS)	
		20 TA
		ARC TAR
Inter new mailing address, if applicable:		- III
Mailing address MAY BE A POST OFFICE BOX)		% Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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3. If amending the registered agent and/or regist		rds, <u>enter the name of the r</u>
<u>egistered agent and/or the new registered office addr</u>	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

	uthorized Member	A didwood	Type of Action
<u>Title</u>	<u>Name</u>	<u>Address</u>	1 ype of Action
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	the date of filing:  cannot be prior to date of receipt or filed date and cannot be more the Florida Department of State)	(optional) than 90 days after
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date this document is filed by t  MARCH 11	he Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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