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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sassafras Songery, LLC: Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Natasha N. Hartsfield					
Natasha N. Hartsfield Name of Person Sassafras Soupery, LL C Firm/Company					
1506 Hokolin Nene					
Tallahussee, FL 32361 City/State and Zip Code					
Sassafrass oursery a zmail. Con E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (850) 445 60 21 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$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

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

	epery, LLC	
(Name of the Limited Li (A Fi	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 15000 129 7 6 9</u>	ty Company were filed on	1/15 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. N/A	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address here	ered office address on our records,	SECRETARY OF STATE FL. enter the name of the new registered
	-	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida stree	t address
		, 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 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
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Note:	ve date, if other than the date of filing: 2 15 202 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated_	Teloniary 15, 2021. M. Hartstreel
	Signature of a member or authorized representative of a member

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