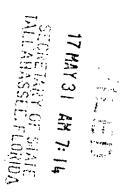
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### **COVER LETTER**

TO: Registration Se Division of Con	
A PIECE O	OF SASS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
-	Frederic E. Waczewski, Esq.
	Name of Person
	Law Office of Frederic E. Waczewski, P.A.
	Firm/Company
	7055 S. Kirkman Rd., Ste. 116
·	Address
	Orlando, FL 32819
,	City/State and Zip Code
	fredw@fredfloridalaw.com
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Rhonda Savary Wagner	727 686-1057 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

#### 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

#### A PIECE OF SASS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

. (/11/	orida Emined Elability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
Florida document number L15000207891	<u>.                                    </u>	
This amendment is submitted to amend the followin	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 "LLC" or	the abbreviation "L L C ."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
•		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	·
B. If amending the registered agent and/or r registered agent and/or the new registered office		nter the name of the new
N. CN. D. L. LA		
Name of New Registered Agent:		र्जु विकास
New Registered Office Address:	Enter Florida street address	
_		a 00 7 D
	City .	Žip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag- provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I ed agent as provided for in Chapter 605, F.S. tered office address, I hereby confirm that th	am familiar with and Or, if this document is

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
MGR	RHONDA SAVARY WAGNER	3747 SEMINOLE ST	□ Add
		GOTHA, FL 34734	<b></b>
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	e of filing:  specific and cannot be prior to date of filides not meet the applicable statuto tim entrof State's records.	e of filing:  [Optional]  specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be to entrof State's records.  fective date, but not an effective time, at 12:01 a.m. on the e is filed.

Page 3 of 3

Filing Fee: \$25.00