## L18000218820

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700380782527

01/31/22--01030--010 \*\*30.00

2022 JAN 31 AM 8: 48
SECRETARY OF STATE

A. BUTLER FEB 1 8 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Cacci lasta	2.110
SUBJECT: Dassi hashe	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Alba	Name of Person
<u>Sas</u>	Sy LaShes LLC Firm/Company
801	o2 Red Jasper Ln Apt-201
<u>Dell</u>	ay beach FL 33446 City/State and Zip Chole
Sass E-mail	addless: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Maria Redigie	at (254) 224-9081 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	ee & \$\Bigsis \$55.00\$ Filing Fee & \$\Bigsis \$60.00\$ Filing Fee,  Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

	the face Con
Sassy L	ashes LLC 2022 JAN 31 AM 8: 48
(Name of the Limited Liah	ility Company as it now appears on our records.)  Ida Limited Liability Company)
(A I tol)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability	
Florida document number <u>L1800021882</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Saccia Lashes & Mail R	ar LLC
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	
Tincipal office datess most biz rist kest mist	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name of the new registere
agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red 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
			Remove
			□Change
			Remove
		<del></del>	☐ Change
			□Add
			Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			Remove
			Change

_	
_	
-	
-	
-	
_	
_	
_	
_	
	<del></del>
_	
an effe ote:	ve date, if other than the date of filing: 0/24/2022 (optional) retive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record is file	I 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_	Towns 24 2022  Albridged representative of a member