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COVER LETTER

то:	Registration Section Division of Corporations
elib ii	CT. TUST SAN SANNY LLC
SUBJI	CT: JUST Say Savvy, LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tara Lee Vuftczak Name of Person
	Just Say Savvy, LLC
	4490 SW 132nd PL Address
	Ocala, FL 34473 City/State and Zip Code
	Justsay Savvy@gmail.com E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Name of Person
Enclos	ed is a check for the following amount:
□ \$ 2	5.00 Filing Fee \$\times \\$30.00 Filing Fee & \subseteq \S55.00 Filing Fee & \subseteq \S60.00 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 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

Tues Sou Sauve IIC

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our record Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compa	•	2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
n/a			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "I	.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)	<i>i</i>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	2021 JAN 22	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, ent	ter the name of the new register	
Name of New Registered Agent:	nla		
New Registered Office Address:		,	
	Enter Florida street add	Enter Florida street 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

iGR = Manager

MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
<u>IMBIR</u>	Tara Lee Yuftczak	4490 SW 132nd PL	jX/^dd
		Ocala, FL 34473	□Remove
			□Change
			🗆 Add
			Remove
			□Change
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