

h20000107732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

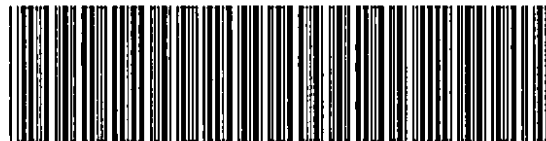
(Document Number)

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2022 SEP - 8 AM 10:23  
TALLAHASSEE, FL

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2022

AJERNEE KING  
8451 GATE PARKWAY W, 148  
JACKSONVILLE, FL 32216

SUBJECT: SASSY AND SIDDITY LLC  
Ref. Number: L20000107732

We have received your document for SASSY AND SIDDITY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 222A00016932

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\* Please note that I have signed & am additionally requesting to amend the name to High Sassy, LLC

SEP - 8 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sassy and Siddity, 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:

Ajernee King

Name of Person

Sassy and Siddity, LLC

Firm/Company

8451 Gate Parkway W, 148

Address

Jacksonville, FL 32216

City/State and Zip Code

sashairext@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ajernee King

904

446-7972

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32307

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TALLAHASSEE, FL

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

Sassy and Siddity, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 20, 2020 and assigned  
Florida document number L20000107732

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

High Sassy, LLC

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 ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ajernee King

New Registered Office Address:

8451 Gate Parkway W, 148

*Enter Florida street address*

Jacksonville

Florida 32216

*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.*

*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TULSA COUNTY  
OKLAHOMA  
CLERK OF DISTRICT COURT

