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COVER LETTER

	gistration S vision of Co		
SUBJECT	Say Less !	Merchandise LLC	
SOBSLET		Name of Li	imited Liability Company
The enclose	d Articles o	f Amendment and fee(s) are su	abmitted for filing
		ondence concerning this matte	
		Cullen L. Strady	
			Name of Person
		Say Less Merchandise L1	.C
			Firm/Company
		33 West Spanish Main Str	reet
			Address
		Tampa, FL 33609	
			City/State and Zip Code
		sayless@workmail.com	ALL.
For further in	nformation c	E-mail address: concerning this matter, please c	City/State and Zip Code (to be used for future annual report notification) Call:
Cullen L. St			813 335-9003 Cric. Sec. 19
	Name o	f Person	Area Code Daytime Telephone Number (T)
Enclosed is a	check for th	ne following amount:	
■ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Addres gistration S ision of C . Box 632 lahassee, F	Section orporations 7	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**

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Torida document number $\frac{L20000183107}{L20000183107}$.	06/29/2020 and assigned	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company h	<u>here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C"	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	202 T	
	AC OAL	
	A S S	
nter new mailing address, if applicable:	A	
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	records, enter the name of the new regist	
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flo	Enter Florida street address	
	Florida	
	Zip Code	
City w Registered Agent's Signature, if changing Registered Agent:	·	

company has been notified in writing of this change.

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>	Address	Type of Action
MGR	Cullen L. Strady	33 West Spanish Main Street	
		Tampa, FL 33609	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	five date, if other than the date of filing:
the reco ord is ti	rd 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 led.
Dated	08/10/2020
	Harrison House
	Signature of a member or authorized representative of a member