L20000340561

(Requ	estor's Name)	
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(City/S	State/Zip/Phone #	9)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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ALBRITTON

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	e Sassy Base Name of Limi	5 Limited Liab ted Liability Company	oility Company
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Amber	Name of Person ASSU DASS LIN Firm/Gompany	rited Liability Compo
	P.D. BOX	765 Address	
	Felda, Fl	233930 City/State and Zip Code SSKets (W Yoho)	
For further information co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notif	
Awber P	Person	at (2391) 2008 35 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



FLORIDA DEPARTMENT OF STATE Division of Corporations

2021 OCT 22 AM 8: 03

September 10, 2021

AMBER BASS P.O. BOX 765 FELDA, FL 33930

SUBJECT: THE SASSY BASS LLC

Ref. Number: L20000340561

We have received your document for THE, SASSY BASS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete/submit the form in its entirety as there are pages missing.

We are enclosing the proper form(s) with instructions for your convenience.

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

The second secon

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

Irene Albritton Regulatory Specialist III

Letter Number: 021A00021880

my children spilled water on the papers so had to make copies.

2811 SEP -9 NH 10: 47

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

AMBER BASS P.O. BOX 765 FELDA, FL 33930

SUBJECT: THE SASSY BASS LLC

Ref. Number: L20000340561

We have received your document for THE SASSY BASS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please complete/submit the form in its entirety as there are pages missing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00020530

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000340561</u> .	were filed on 10/27/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Sassy basslets Limited Liability and contain the words "Limited Liability and contain the words".	ited Liability Cor	mpany
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	205 Chuych Feld FL 3	vd >3930
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	p.O.Box 76° Felda, FL 3:	5 3930
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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
MGK.	Municipal Bass	p.O.BOX 765 Felda P. 35930	Þygg
			□Remove
			Change
	.2		□Remove
	•		□Change
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Note: If document	e date, if other than the date of filing: 1	be listed as
rd is filed		
Dated	(Allen)	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00