L21000368435

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

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2022 FEB | L PH |: 52 SECRETARY OF STATE

A. BUTLER FEB 2 4 2022

COVER LETTER

TO: Registration Secti Division of Corpo			· ·
SUBJECT:	saved and	Sexi LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Crysta	1 Corbett	
		watte of reason	
		Firm/Company	
	534 -	Tatt Dr.	
		Address	
	Daven	oort, F. 338	337
	Saviden E-mail address: (1	City/State and Zip Code CS-CY Y POCICE ST to be used for future annual report notif	Egmant Com
For further information con	cerning this matter, please ea	all:	
Ory Start (Name of P	orbett		2 - 5 3 8 D
Numb 677		The Code Dayina	. Totephono : vanice.
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 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	OF	
(Name of the Limite	d Liability Company as it now appears on our re	2022 FEB 14 PM 1:53 COORDS ECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Lia Florida document number <u>L21000</u>	ability Company were filed on 8117	12021 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	L.L.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>en</u> <u>s here</u> :	iter the name of the new registered
Name of New Registered Agent:	Crystal Corbe	++
New Registered Office Address:	534 Tat+ Dr	,,,
	Enter Florida street ad City	, Florida <u>33837</u> 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 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

Title	Name	Address	Type of Action
PMPX	Dana Jackson	534 Taft Dr.	□Add
		534 Taft Dr. Daunport, Fr 3383	7 BRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		•	Remove
			□Add
			□Remove
			Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an eff <u>Sote:</u>	ive date, if other than the date of filing:
recor I is fi	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.
ated	Signature of a member or authorized representative of a member
	Crystal Corbett