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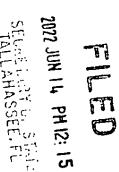
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section
Division of Corporations

| Sasha Spe | cialist LLC | | • |
|---|--|--|---|
| SUBJECT: | Name of Lim | ited Liability Company | • |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Zena Velic | | |
| | | Name of Person | |
| | Accounting at all Cost Inc | | |
| | • . | Firm/Company | . |
| | 1551 Glengarry Rd | | |
| | <u> </u> | Address | |
| | Jacksonville | 32207 | |
| | | City/State and Zip Code | |
| | staffatallcost@gmail.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Fuada Velic | | 904 2328270 at () | |
| Name | of Person | | ne 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 Addre Registration Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl | rporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 14 PH 12: 15

Sasha Specialist LLC (Name of the Limited Liability Company as it now appears on our records) Land Company (A Florida Limited Liability Company)

IALLAHASSEE The Articles of Organization for this Limited Liability Company were filed on $\frac{01/31/2022}{}$ and assigned Florida document number ______L22000052086 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if | fother than the da | te of filing: | 1/19/2022 | | (op | tional) | |
| 'an effective date is | listed, the date must be inserted in this block | specific and cann | ot be prior to da | te of filing or more statutory filing (| e than 90 days aft | er filing.) Pursuant | to 605.0207 (be listed as t |
| ocument's effect | ive date on the Depa | rtment of State | s records. | | | | |
| record engoifies | a delayed effective da | ate but not an e | ffective time | ut 12:01 am on | the earlier of: | (b) The 90th da | ny after the |
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| Oated | II, No | nature of a memb | per or authorized | representative of | f a member | | |