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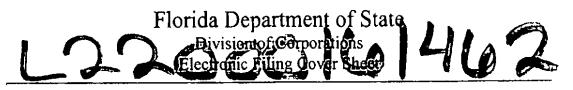
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TO:18506176383 FROM:4073703120

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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COVER LETTER

TO: Registration Section
 Division of Corporations

SARAH VS. 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: CAROLINE LARSON Name of Person INTERNATIONAL DIVISION BY LARSON LLC Firm/Company 7901 KINGSPOINTE PKWY STE 15 Address ORLANDO, FL 32819 City/State and Zip Code mayra@larsonacc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROLINE LARSON Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

06/3/2022 02:06 PM TO:18506176383 FROM:4073703120 Page: ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SARAH VS. LLC (Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) and assigned Florida document number L22000161462 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 "LLQ" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida Cin \sim 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. On, 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

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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>	Name	<u>Address</u>	Type of Action
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