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SECRETARY OF STATE

T. BURCH

COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: Sasna Bautte, 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:
Name of Person
Sasha Deaute Firm/Company
3105 U-cadow Pointe Dr.
Haines City FL 33844 City/State and Zip Code
5asna beautery 112@ gmail com E-mail address: (to be used for future annual report addression)
For further information concerning this matter, please call:
Name of Person at (413) 3(v) - 789 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ے.
(Name of the Limited Liability Company as It no (A Florida Limited Liability Co	m appears on our records.)
he Articles of Organization for this Limited Liability Company were file lorida document number <u>LDQ ODD 17-14-20</u>	d on 11 2 2022 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
Sasna Beaute, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	ty," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	Area Car
	AA 1
nter new mailing address, if applicable:	NAME OF THE PERSON OF THE PERS
Mailing address MAY BE A POST OFFICE BOX)	
	F 12
	DATE LE
3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	n our records, enter the name of the new registered
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
I	inter Florida street address
	Florida
City	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 Type of Action Address Name Title _____ □Add _____ Ci Remove ☐ Change _____DAdd _____ □Remove _____ □Change □Remove _____ □Remove □Remove ☐ Change _____ □Remove _____ Change

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