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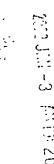
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## **COVER LETTER**

Division of Co	rporations				
Saus LLC					
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Deanna Lange				
		Name of Person		_	
	Saus LLC				
		Firm/Company		_	
	132 Queen Christina Ct				
		Address		_	~ .
	Fort Pierce, FL 34949			- <u></u>	2073 J.Ti
	saus.official@gmail.com	City/State and Zip Code		- "!'	<u></u> ည
	E-mail address: (t	o be used for future annual report notif	ication)		77.1
For further information of	concerning this matter, please ca	ll <del>:</del>			## IS: 20
Deanna Lange		772 293-1156			20
Name (	of Person	at () Area Code Daytime	e Telephone Numbe	tr	
Enclosed is a check for t	he 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 F Certified Certified (additional	ate of Sta d Copy	atus &

TO:

Registration Section

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

Saus LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa lorida document number	any were filed on November 7, 2022	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited 1.	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:	<del>, , , , , , , , , , , , , , , , , , , </del>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		. 26
nter new mailing address, if applicable:		23 Jan
Auiling address MAY BE A POST OFFICE BOX)		1
		- :: - ::
. If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our records, enter the na	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Deanna Lange	2901 S Palm Aire Dr Apt 510	
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		Pompano Beach, FL 33069	□Remove
			□ Kemove
			□Change
			□Add
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ate, if other than the date of filing:	(optional)
e date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.0
effective date on the Department of State's records.	
cifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after t
	•
2/20/2022	

Typed or printed name of signee