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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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A. RIVERS APR 2 8 2023

Division of Corporatio	ns		
SUBJECT:	Name of Limite	SA S	LC
	. vanc ii iziinic	sa manay campany	
The enclosed Articles of Amenda	nent and fec(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Yule	Name of Person	
	AUIÙAS	Aceoustin-	·
		72 Aug.	
	Mion	u' (FC 33 City/State and Zip Code	3122
		be used for future annual re	port notification)
For further information concerning	-		
Volle Mines	oT	at (<u>305</u>)	314-3845 · Daytime Telephone Number
Name of Person		Area Code	Daytime Telephone Number
Enclosed is a check for the follow	ving amount:		
	80.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclo	Certificate of Status &
Mailing Address: Registration Section Division of Corpora P.O. Box 6327	tions	Division	<u>Iress:</u> ion Section of Corporations tre of Tallahassee

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

THINGS SHE SYAZ LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 12/20/2022	and assigned
Florida document number 1.22000531770		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
Things She SAYZ LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	ne 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)		
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our records, <u>enter the r</u>	name of the new register
		2023 See
Name of New Registered Agent:		
New Registered Office Address:		SERVE THAR -1
	Enter Florida street address	<u>第二</u> - 1

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			□Remove
			□Change
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			□Remove
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(If an ef Note:	ive date, if other than the date of filing:
he reco ord 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.
Dated	01/19/2023
	Florella Coccircule Signature of a member or authorized representative of a member
	FIORELLA A CUCCIRAMO
	Typed or printed name of signee

Filing Fee: \$25.00