Division of Corporations

H24000043249 3

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(((H24000043249 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SASSY BLISS LIVING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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FEB - 2 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000043249 3

| SASSY BLISS LIVING LLC | 1 | ţ» |
|--|--|-------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000009734 This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | dity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | 515 E Las Olas Blvd 120 Ft Lauderdale, FL 33301 | |
| (Principal office address MUST BE A STREET ADDRESS) | | _ |
| Enter new mailing address, if applicable: | 515 E Las Olas Blvd 120 Ft Lauderdale, Ft. 33301 | |
| (Mailing address MAY BE A POST OFFICE BOX) | SE 77/17 | _ _ |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | WAS BELLEVIEW | <u>tere</u> |
| Name of New Registered Agent: | STATE 39 | _ |
| New Registered Office Address: | Enter Florida street address | _ |
| | , Florida | _ |

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

01/31/24 04:08PM 5125970678

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 | Suzie Sterling | 3820 nw 172nd Ter | ■Add |
| | | Miami , F1, 33055 | □Remove |
| | | | □Change |
| MGR | Khaleal Emmanuel Sterling | 3820 nw 172nd Ter | = Add |
| | | Miami , FL 33055 | □Remove |
| | | | □Change |
| AMBR | Suzie Sterling | 515 E Las Olas Blvd 120 | □Add |
| | | Ft Lauderdale , FL 33301 | □Remove |
| | | | ■Change |
| | | | |
| | | UIII | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |

| . If amending any other inform | ation, enter change(s) her | re: (Anach adamonal she | zis, y necessary.) | |
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| Effective date, if other than the first an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the E | st be specific and cannot be prior lock does not meet the applic | able statutory filing require | | |
| e record specifies a delayed effectived is filed. | e date, but not an effective t | ime, at 12:01 a.m. on the ear | flier of: (b) The 90th day a | after the |
| Dated 31 January | , 2024 | · | | |
| /s/ Suzie Sterling | | | | |
| | Signature of a member or auth | orized representative of a mem | per | • |
| Suzie Sterling | | | | |
| | Tunal or near | ed name of signee | | |

Filing Fee: \$25.00