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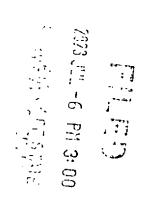
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Y. SCOTT AUG 1 2 2023

COVER LETTER

TO:

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(14.15.443.6	C 1797	Tipsy Tumb	oler Co. LLC		
SUBJEC	CI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Saulece Youngblood		187
				Name of Person	2623
				Firm/Company	
			1563 Capital Circle SE #1	36	L-6 PH 3: 01
				Address	- 2
			Tallahassee, FL 32301		
				City/State and Zip Code	
			Saulaboutart@gmail.com	to be used for future annual report notification	<u>m)</u>
For furth	her ir	oformation c	oncerning this matter, please ca	·	,
Saulece	You	ngblood		407 325-1407	
		Name o	f Person		ephone Number
Enclosed	d is a	check for th	ne following amount:		
□ \$ 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg	iling Addres gistration S		Street Address: Registration Section Division of Corpora	
	P.C	D. Box 632 lahassee, I	7	The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tipsy Tumbler Co. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 4, 2023 and assigned Florida document number $\underline{L2300}0168445$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Saul About Art LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1563 Capital Circle SE #136 Enter new principal offices address, if applicable: Tallahassee, FL 32301 (Principal office address MUST BE A STREET ADDRESS) 1563 Capital Circle SE #136 Enter new mailing address, if applicable: Tallahassee, FL 32301 (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: Name of New Registered Agent: 1563 Capital Circle SE #136 New Registered Office Address:

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.

City

Tallahassee

Enter Florida street address

_, Florida 32301 Zip Code 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>	Address	Type of Action
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		-	□Remove
			□Change
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