L23000333029

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COVER LETTER

TO:	Registration Se Division of Cor		1 41	4
SUBJI	Feeling Sau			
			ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	Advantibus
		ZenBusiness INC		
			Firm/Company	
	336 E. College Ave Suite 301			
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.cc		
			to be used for future annual report not	ification)
For fur	ther information ec	oncerning this matter, please co	all:	
c/o Ze	mBusiness INC		844 493-6249 at ()	
Name of Person		Area Code Daytin	te Telephone Number	
Enclose	ed is a check for th	e following amount:		
= \$2	5.00 Filing 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)

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

Feeling Saucy LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000333029}{1.23000333029}$	were filed on <u>09/25/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5525 Southernview Dr	
(Principal office address MUST BE A STREET ADDRESS)	Zephyrhills , FL 33541	
	Polk CountyUS	
Enter new mailing address, if applicable:	5525 Southernview Dr	23 cm
(Mailing address MAY BE A POST OFFICE BOX)	Zephyrhills , FL 33541	() - ,
	Polk CountyUS	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	rens
	.1	F <u>l</u> orida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hershal Barger	5525 Southernview Dr	
		Zephyrhills , FL 33541	≣Remove
		US	
			□Add
			■Remove
			☐ ☐ Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove

D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If the date inserte	er than the date of filing:
f the record specifies a delagecord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 09/29	. 2023
/s/Chris Zam	
	Signature of a member or authorized representative of a member
Chris Zambr	rano, Member
	Typed or printed name of signee