## L23000468885

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A. RAMSEY NOV -14 2023

## cover letter

TO: Registration Se Division of Cor			
	ERIORS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAYRA AMAYA HENR	IQUEZ	
		Name of Person	<del></del>
	SAZZ INTERIORS LLC		
	4	Firm/Company	
	1170 NE 191ST ST APT /	<b>N21</b>	
		Address	
	MIAMI FL 33179		
		City/State and Zip Code	
	christina.amaya01@gmail.c		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Christina Amaya		305 733-2821	
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Se	ction
Division of Corporations		Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 OCT 30 AM 8: 53

## SAZZ INTERIORS LLC

(Name of the Limited Liability Company as it now appears on our records):

The Articles of Organization for this Limited Liability Com	npany were filed on 10/05/2023	and assigned
Florida document number L23000468885		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	MAYRA AMAYA HENRIQUEZ	1170 NE 191ST ST APT A21 MIAMI FL 33179	■Add
			□Remove
			Change
			□Add
		Remove	
			□Change
		□Add	
		□Remove	
		🗆 Add	
		□Remove	
			🗆 Change
		🗆 Add	
		□Remove	
			□ Change
			🗖 Add
			□Remove
			□Change

l ffor	tive date, if other than the date of filing: (optional)
If an et	fective date, if other than the date of filing:
docur	nent's effective date on the Department of State's records.
е гесо	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
rd is f	iled.
	OCTOBER 27TH 2023
Dated	· · · · · · · · · · · · · · · · · · ·
	WWW.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  MAYRA AMAYA HENRIQUEZ

Filing Fee: \$25.00