

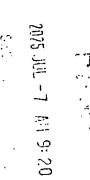
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## **COVER LETTER**

TO:	Registration Section of Corp		4	4	
SUBJE	SAZARAC,	I.I.C			
301317		Name of Lim	ited Liability Company	<del>-</del>	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		RICHARD R. GANS, ESC	).		
			Name of Person	····	
		FERGESON SKIPPER, P.	Α.		
			Firm/Company		
		1515 RINGLING BLVD.,	10TH FLOOR		
			Address		
		SARASOTA, FL 34236			
			City/State and Zip Code		<u> </u>
		barrfont@verizon.net			
		E-mail address: (	to be used for future annual re	eport notification)	
For furtl	her information co	ncerning this matter, please co	all:		
RICHR	D R. GANS		941 957- at ()	-1900	
	Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclose	d is a check for the	following amount:			
€ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Add	dress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

SAZARAC, LLC		
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L	iability Company were filed on Ma	and assigned
Florida document number L25000254556	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
NOLA SAZERAC, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	2007
		. 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	P
		9: ?
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, <u>enter the name of the new registere</u>
Name of New Registered Agent:	RICHARD R. GANS	
New Registered Office Address:	1515 RINGLING BLVD., 10TH I	LOOR
	Enter Flor	ida street address
	SARASOTA	, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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f an effec <u>Note:</u> - If	e date, if other than the date of filing:
record d is filed	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 l.
Dated _	Inne 18, 2025.  Unchash Hacke Saw  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ELIZABETH M. FONTAINE-BARR
	Typed or printed name of signee

Filing Fee: \$25.00