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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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(Bu	isiness Entity Nam	ne)
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COVER LETTER

TO:

	Registration Se Division of Cor			
uin ir c		ESTATE LLC		1
SUBJEC	л:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		STACY STRAUSS		
			Name of Person	
			Firm/Company	
		2263 SW 37TH AVE #434	1	
			Address	
		MIAMI,FL 33145		
			City/State and Zip Code	
or furth	er information c	E-mail address: (oncerning this matter, please or		fication)
		oncerning this matter, piease of		
STACY	STRAUSS		305 6137488 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.6	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 Registration S		Street Address:	ction
	Division of C		Registration Section S	
	P.O. Box 632	7	The Centre of T	`allahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSF REAL ESTATE LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · · 		
The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER 7,2021	and assigned		
Florida document number L16000134691				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ah	breviation "L.L.C."		
Enter new principal offices address, if applicable:	2263 SW 37TH AVE #434			
(Principal office address MUST BE A STREET ADDRESS)	MIAMLEL 33145			
Enter new mailing address, if applicable:	2263 SW 37FH AVE #434			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMLFL. 33145			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nam	e of the new registe		
				
New Registered Office Address:	Enter Florida street address			
	, Florida	Zip Code 3		
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

Title	Name	Address	Type of Action
			□Add
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			□ Add
			□ Remove
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Note: 1	te date, if other than ctive date is listed, the date of the date inserted in the nt's effective date on the	is block does not m	neet the applicable	ate of filing or more the statutory filing rec	(optional) nan 90 days after filing.) Pu nuirements, this date wil	rsuant to 605.0207 I not be listed as
ne record ord is file		ective date, but not	an effective time,	at 12:01 a.m. on th	e earlier of: (b) The 90	Oth day after the
Dated	0-24-2021					
_		Signature of a m	M St 12	MS)	member	
		Signature of a fi	nemper or aumorize	за тергевениануе от а	HICHIOCI	