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## **COVER LETTER**

TO:

Registration Section Division of Corporations

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:		
	MARLEY SANZ			
		Name of Person		
	SS VENIMPORT, LLC			
		Firm/Company		
	18211 SW 33 STREET			
		Address		
	MIRAMAR, FL 33029			
		City/State and Zip Code		
	SSVENIMPORT@GMAIL		**************************************	
		to be used for future annual report not	afication)	
For further information c	oncerning this matter, please c	all:		
MARLEY SANZ	3Z 954 435-5154			
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 tadditional copy is enclosed	
Mailing Address:		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monro Tallahassee, FI	oe Street, Suite 810 L 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2022 JAN 26 AM 7: 03

(Name of the Limited Liability Company as it now appears on our records.) [1]. Fil.

(A Florida Limited Liability Company) SS VENIMPORT, LLC The Articles of Organization for this Limited Liability Company were filed on DECEMBER 6, 2021 and assigned Florida document number L21000513638 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

\_\_, Florida \_\_

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>	Name	Address	Type of Action
AMBR	ALLAMEY SANZ	18211 SW 33 STREET	≅Add
		MIRAMAR, FL 33029	□Remove
			□ Change
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			□Change

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Dated JANUARY 14 . 2022	
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Signature of a member or authorize	drepresentative of a member
AUTHORIZED REPRESENTATIVE	

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Filing Fee: \$25.00