L23000306155

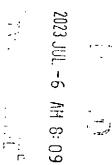
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COVER LETTER

TO: Registrati Division o				•		
SZNS SUBJECT:	LLC					
		Name of Lim	ited Liability Company			
The enclosed Artic	les of Ar	nendment and fee(s) are sub	mitted for filing.			
		ence concerning this matter	_			
		ANDREW SOCOL				
			Name of Person			
		ARS & ASSOCIATES IN	С			
	Firmt/Company					
		20810 WEST DIXIE HIGH	HWAY			
			Address			
		AVENTURA, FL 33180				
			City/State and Zip Code			
		JHOWARD05@AOL.CON				
Control of Control			to be used for future annual report no	Offication)		
For further informa	tion con	cerning this matter, please c	all:			
ANDREW SOCOL			305 653-7350 at (
N'	ame of P	erson		me Telephone Number		
Enclosed is a check	for the	following amount:				
■ \$25.00 Filing F	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
<u>Mailing A</u> Registrat		ction	Street Address: Registration S	ection		
Division of Corporations		Division of Corporations				
P.O. Box Tallahas:		32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SZNS LLC

2023 JUL -6 AM 8: 09

(Name of the Limited Liability Company as it now appears on our records.) ... (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 26, 2023 and assigned Florida document number <u>L23000306155</u> 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) 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: 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREW SOCOL	20810 WEST DIXIE HIGHWAY	≣ Add
		AVENTURA, FLORIDA 33180	Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			🗀 Change
		-	🗀 Add
			□Remove
			□ Changa

		·		
Efective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	e date of filing:	applicable statutory f		ng.) Pursuant to 605,0207
record specifies a delayed effecti- is filed.	ve date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
JUNE 29	2023			
ben. &	ኒ			

Filing Fee: \$25.00