

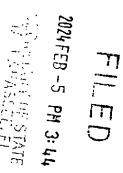
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(Document Number)			
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COVER LETTER

TO: Registration Division of	a Section Corporations		•			
	Says, Fix It LLC		•			
SUBJECT:						
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Simon Lowe					
	-	Name of Person	 			
	Simon Says, Fix It LLC					
	,	Firm/Company	 			
	32124 Chipola Trl					
		Address				
	Sorrento, FL 32776					
		City/State and Zip Code				
	simolowe a gmail.com	o be used for future annual report not	54			
For further informatic	on concerning this matter, please ca	·	ricedouri			
Simon Lowe		407 718-0790				
Name of Person		at () Area Code Daytin	ne Felephone Number			
Enclosed is a check for	or the following amount:					
≘ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Add Registration Division of P.O. Box O	on Section f Corporations	Street Address: Registration Se Division of Co The Centre of	rporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simon Says, Fix It LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	_1
The Articles of Organization for this Limited Liability Completion document number $\frac{1.0000043290}{1.0000043290}$	pany were filed on 4/22/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SS Homes, LLC		
he 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:		2024
Principal office address MUST BE A STREET ADDRES.	<u></u>	# TI
		1
		M P M
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		73 <u>f</u>
		¬¬¬ •
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Émer Hornia street address	
	Flo	
	Cir.	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. Thereby 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	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			∐Add
			□Remove
			Change
			ZRemove
			□Change
			TRemove
			Change
			□Add
			□Remove
			\textsquare \textsquare
			□Add
			ZRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed Dated ____ Simon Lower Typed or printed name of signer

Filing Fee: \$25.00