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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone i	(f)
(Orly/Otato/Lip/1 Holle)	''',
PICK-UP WAIT	MAIL.
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Statue
Certified Copies Certificates (or Status
Special Instructions to Filing Officer:	
Special instructions to 1 mily offices.	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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S&S INVEST, LLC				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
	1			Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Cianatura				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth				UCC 1 or 3 File
	12/05/17			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
114 Ponder's Printing - Thom issue: GA 87	-			

COVER LETTER

10: Registration Division of C			
SUBJECT: S&S INV	EST, LLC		
		mited Liability Company	
	of Amendment and fee(s) are su condence concerning this matte		
	AMANDA CASTELLO	٧	
		Name of Person	
	DOUGLAS REGISTERE	ED AGENTS, LLC	
		Firm/Company	
	2600 S. DOUGLAS RD.	STE 510	
		Address	
	CORAL GABLES, FL 33	134	
	ACASTELLON@CASTE	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		·
AMANDA CASTELLO	DN	786 391-3721 at () Daytime	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
	□ \$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 ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&S INVEST, LLC	
(Name of the Limited Li (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on and assigned and assigned
Florida document number L11000099642	und tassigned
This amendment is submitted to amend the following	g:
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 "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
· ·	922
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the naddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	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
MGR	JUAN JOSE SCAGLIOTTI	2600 S DOUGLAS RD, STE 510	
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		CORAL GABLES, FL 33134	Remove
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Mect	tive date, if other than	the date of filing:
Note:	If the date inserted in the	his block does not meet the applicable statutory filling requirements, this date will not be listed as t
docum	nent's effective date on t	the Department of State's records.
		aired effective date, but not an effective time at 13,01 a.m. on the endier of
	e 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
· 1	12/05/2017	
Dated		
Jated		
<i>J</i> ateo		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00