

L12000016774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

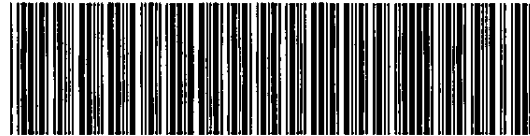
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

SEP 15 2015

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S2SH4U LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francis Oriska

Name of Person

S2SH4U LLC

Firm/Company

1440 Coral Ridge Dr # 494

Address

Coral Springs FL, 33071

City/State and Zip Code

S2SH4U@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis Oriska

Name of Person

at (786)

Area Code

624-8774

Daytime Telephone Number

Enclosed is a check for the 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  
(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**

S2SH4U LLC

(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 02/02/12 and assigned  
Florida document number L12000016334

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)

1440 Coral Ridge Dr #494  
Coral Springs, FL 33071

**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

City

Florida

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>   | <u>Address</u>          | <u>Type of Action</u>           |
|--------------|---------------|-------------------------|---------------------------------|
| MGRM         | Ronaldo Cerve | P.O. Box 770464         | <input type="checkbox"/> Add    |
|              |               | Coral Springs FL, 33077 | <input type="checkbox"/> Remove |
|              |               |                         | <input type="checkbox"/> Change |
|              |               |                         | <input type="checkbox"/> Add    |
|              |               |                         | <input type="checkbox"/> Remove |
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|              |               |                         | <input type="checkbox"/> Change |

15 SEP 14 PM 1:39  
FBI  
CALIFORNIA

15 SEP 14 PM 1:39  
OFFICE OF THE ATTORNEY GENERAL  
STATE OF FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 09/10/2015, \_\_\_\_\_

Francis Christler

Signature of a member or authorized representative of a member

Francis Orioka  
Typed or printed name of signee

Typed or printed name of signee