

212000016334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

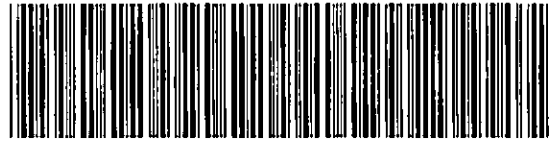
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800315031648

06/26/18--01017--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 28 AM 9:47

N COOPER

JUN 29 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S2SH4U LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS ORISKA

Name of Person

S2SH4U LLC

Firm/Company

110 NE 175 STREET

Address

MIAMI, FL 33162

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

786

624-8774

Name of Person

at

Area Code

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  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32310

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

S2SH40 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 02/02/2012 and assigned  
Florida document number 112000016334

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

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

18 JUN 28 AM 9:47  
STATE OF FLORIDA  
DIVISION OF CORPORATION

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>                      |
|--------------|-----------------|--------------------------|--------------------------------------------|
| MGR          | FRANCIS ORISKA  | 1440 CORAL RIDGE DR #404 | <input checked="" type="checkbox"/> Add    |
|              |                 | CORAL SPRINGS FL 33071   | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
| AMBR         | SHALANDA XAVIER | 1129 NE 163RD STREET     | <input type="checkbox"/> Add               |
|              |                 | MIAMI FL 33162           | <input checked="" type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |
|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |
|              |                 |                          | <input type="checkbox"/> Change            |

[illegible]

18 JUN 28 AM 9:17  
SECRETARY OF STATE  
DIVISION OF INFORMATION

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member  
FRANCIS CIVISKA  
Typed or printed name of signee