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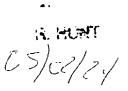
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COVER LETTER

TO;

Registration Section

Division of Cor	porations		
S2SH4U LI	LC .		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCIS ORISKA		
		Name of Person	
	S2SH4U LLC		
		Firm Company	
	7901 4th ST N # 18965		
		Address	!
	St. Petersburg, FL 33702		
		City/State and Zip Code	•
	S2SH4U@GMAIL.COM		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ea	all:	I · .
FRANCIS ORISKA		786 624-8774	
Name o	r Person	Area Code Daytime	· Telephone Number
Enclosed is a check for th	ic 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S2SH4U LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000016334		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th ST N # 18965	
Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
Enter new mailing address, if applicable:	7901 4th ST N # 18965	
Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702	= :
	<u>.</u>	- 07
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	II.
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
		do
	, Flori	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

Title	Name	Address	Type of Action
MGR	FRANCIS ORISKA	7901 4th ST N # 18965	■Add
		St. Petersburg, FL 33702	□Remove
			□Change
			☐Add
			□Remove
			□Change
	<u></u>		<u>-</u> □ Add
		- □Remove	
			☐ ☐ ☐ ☐ Add
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ective date, if other than the effective date is listed, the date mu	e date of filing:		(optional)	
reffective date is listed, the date muster: It the date inserted in this bl	ist be specific and cannot be priodock does not meet the appl	or to date of filing or more than icable statutory filing requi	90 days after filing.) rements, this date v	Pursuant to 605.020 will not be listed a
nument's effective date on the D				
cord specifies a delayed effectives tiled.	ve date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
ed APRIL 26	2024			
				
	/			

Typed or printed name of signee