## L13000144009

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	(Business Entity Name)	
	(Document Number)	
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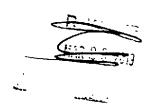




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R. WHITE MARS J 200





## **COVER LETTER**

ision of Cor	porations		
	a Holdings, LLC		
	Name of Limi	ited Liability Company	
l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	Shivon Patel, Esq.		
		Name of Person	
	The Principal Law Firm, P	.l.,	
	<del> </del>	Firm/Company	
	4907 International Parkwa	y Ste 1061	
	<del></del>	Address	
	Sanford, FL 32771		
	chivan@principallaw.net	City/State and Zip Code	
		to be used for future annual report noti	fication)
nformation c			
l, Esq.		407 322-3003	
Name o	f Person	Area Code Daytim	e Telephone Number
i check for th	ne following amount:		
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)
	S&S Florid  I Articles of all corresponding all corresponding to the cor	Name of Lim  I Articles of Amendment and fee(s) are substant all correspondence concerning this matter.  Shivon Patel, Esq.  The Principal Law Firm, Page 4907 International Parkwa  Sanford, FL 32771  shivon@principallaw.net  E-mail address: (Information concerning this matter, please call, Esq.  Name of Person  I check for the following amount:  Siling Fee  \$30.00 Filing Fee &	S&S Florida Holdings, LLC  Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Shivon Patel, Esq.  Name of Person  The Principal Law Firm, P.L.  Firm/Company  4907 International Parkway Ste 1061  Address  Sanford, FL 32771  City/State and Zip Code  shivon@principallaw.net  E-mail address: (to be used for future annual report not information concerning this matter, please call:  I. Esq.  Name of Person  at (407) Area Code  Daytim  at check for the following amount:  Gling Fee  \$30.00 Filing Fee & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

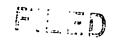
TO:

Registration Section

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



2019 MAR 20 PM 3: 02

S&S FL Holdings, LLC	3: N5
( <u>Name of the Limited Liah</u> (A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.13000144009	*Company were filed on October 11, 2013 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
he new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the r</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address

## 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.

Ciiv

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
MGR	Jacob Moral	2550 Granada Circle E.	<b>⊟</b> Add
		St. Petersburg, F1, 33712	☐ Remove
			□ Remove
			Change
			El VIII
			□ Remove
			☐ Change
			☐ Remove
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ffective date, if other than the d an effective date is listed, the date must l lote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applical	o date of filing or more than ble statutory filing require	(optional) 20 days after filing.) Pursuant to 605,0200 ements, this date will not be listed as
e record specifies a delayed The 90th day after the reco		an effective time, a	t 12:01 a.m. on the earlier o
March 18th	2019		
	1 0	<del>-</del> -	
	The Time		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00