14000011609

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ina Officer:	
		
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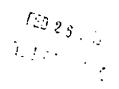
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SECRETARY OF STATE
TAIL TAHLASSEEL FLORIDA



COVER LETTER

Division of Corporations S&S PEMBROKE PLAZA LLC SUBJECT: 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: MICHAEL SASONLIR. Name of Person Firm/Company 3763 CHURCHILL DOWNS DR Address DAVIE FL 33328 City/State and Zip Code msasoni@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL SASONLIR 954 465-0035 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

S&S PEMBROKE PLAZA LLC

2019 FES 21 Alh 3"

(<u>vame</u> of the Danie	A Florida Limited	Liability Company)	TALLAHASSEE, FLORIO	
The Articles of Organization for this Limited Lia Florida document number £14000011609		were filed on $\frac{2/4/2015}{}$	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lial	oility company here:		
The new name must be distinguishable and contain the wa	ords "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		6726-6780 PEMBROKE RD.		
Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		PEMBROKE PINES .	FL 33023	
		100 E MCNAB RD		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		POMPANO BEACH,	H,33060	
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	_	<u>re</u> :	records, <u>enter the name of the</u>	
	3763 CHURCHILL DOWNS DR.			
New Registered Office Address:	Enter Florida street address			
	DAVIE		, Florida ³³³²⁸	
		City	Zıp 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 t 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
MGR	MICHAEL SASONI	3201 NE 183 ST APT 306 AVENTURA FL	Add
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l'an effective d <u>Note:</u> If the o	e, if other than the date of filing the is listed, the date must be specific and the inserted in this block does not dective date on the Department of	nd cannot be prior to o meet the applicabl	date of filing or more the e statutory filing req	(optional) an 90 days after tiling.) airements, this date w	Pursuant to 605 fill not be list
	ecifies a delayed effective day after the record is filed		n effective time,	at 12:01 a.m. o	n the earli
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Filing Fee: \$25.00