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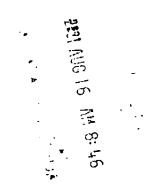
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
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| SUBJECT: |))EN | CLC | |
| | SSEN LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Tohn Andreadakis Name of Person SSEN LLC Firm/Company S944 (oral Ridge Or. #211 Address | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | | John Andreadakis | |
| | | | |
| | | Firm/Company | |
| | 590 | 44 (oral Ridge Pr Address | , #211 |
| | Coral Sp | CIAGO FL 33076 CityState and Zip Code | <u>, </u> |
| | 55en/l E-mail address: (| /c_f/@gnoj/com to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please co | all: | |
| John / Name of | Andreadakis Person | at (954) 79F- Area Code Daytim | 8944 e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | |
| Registration S | | Registration Sec | |
| Division of Co P.O. Box 632 | • | Division of Cor The Centre of T | - |
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Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 35EN L/ | <u> </u> |
|--|---|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L14000047932</u> | mpany were filed on $93/17/2014$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| | · · · · · · · · · · · · · · · · · · · |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRE | 500 |
| (Principal office address MOST BE A STREET ADDRE | رجم <u></u> |
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| | 8: 1 |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| • | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | John Andreadakis 5944 Coral Ridge Dr. #211 Finer Florida street address |
| New Registered Office Address: | 5944 Cocal Ridge Dr. #211 Enter Florida street address |
| | Cocal Springs Florida 33076 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> | Address | Type of Action |
|--------------|---------------------|---------------------------------------|----------------|
| MGR | Jafri Muhammad Riaz | 2201 10th Avenue North, Lake ! | DAdd □ |
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| | | | □Change |
| MGR | John Andreadakis | #211, coral Springs, EL 335 | M∧dd |
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| ective date, if other than the | nust be specific and cannot | ot be prior to date of | filing or more than | 90 days after filing | 7 g.) Pursuant | to 605.020 |
| e: If the date inserted in this | block does not meet th | ie applicable statu | tory filing requir | ements, this dat | e will not b | e listed a |
| ument's effective date on the | Department of State's | records. | | | | |
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| cord specifies a delayed effect filed. | ave date, but not an ef | fective time, at 12 | :01 a.m. on the e | arher of: (b) - I | ne 90th day | y after the |
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| ed August 11 | | 2021 | | | | |
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| | Signature of a member | er or authorized repr | esentative of a mer | nber | | |