## L14000)159722

| (Re                     | equestor's Name)    |                                       |
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| (Ad                     | ldress)             |                                       |
| (Ad                     | ldress)             | · · · · · · · · · · · · · · · · · · · |
| (Cit                    | ty/State/Zip/Phone  | #)                                    |
| PICK-UP                 | ☐ WAIT              | MAIL                                  |
| <br>(Bu                 | isiness Entity Name | e)                                    |
| (Do                     | ocument Number)     |                                       |
| Certified Copies        | _ Certificates      | of Status                             |
| Special Instructions to | Filing Officer:     |                                       |
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|                         | Office Use Only     | <i>t</i>                              |



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P2018 SEP 28" PH 12: 50 SECRETARY OF STATE TALLAHASSEE, EI



August 27, 2018

SHAHAR SHABAT 5111 W. KNOX ST TAMPA, FL 33634

SUBJECT: S & S PROPERTY GROUP LLC

Ref. Number: L14000159722

We have received your document for S & S PROPERTY GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 518A00017746

18 SEP 27 ANTH: 55

## COVER LETTER

TO: Régistration Section

INHS18 (2/14)

| Division of Corporations   |   |
|--|---|
| S & S Property Group LLC   |   |
|  | of Limited Liability Company  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office  | : Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this   | matter to the following:  |
| Shahar Shabat  |   |
| Name of Person   |   |
| S & S Property Group LLC   |   |
| . Firm/Company   |   |
| 5111 W. KNox St  |   |
| Address  |   |
| Tampa, FL 33634  |   |
| City/State and Zip Code  |   |
| shahar@elsalescorp.com   |   |
| E-mail address: (to be used for future annua   | al report notification)   |
| For further information concerning this matter, pl   | lease call:   |
| Shahar Shabat  | 813 579-7749  |
| Name of Person   | Area Code & Daytime Telephone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following a  | mount:  |
| □ \$25 Filing Fee  | ■ \$55 Filing Fee & Certified Copy  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2018 SEP 28 PM 12: 50

S & S Property Group LLC

Group LLC

(Name of the Limited Liability Company as it now appears on our recognition of the Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited L<br>Florida document number L14000159722   | Liability Company   | were filed on 10/13/20                  | 014 and dssigned  |  |
|---|---|---|---|--|
| This amendment is submitted to amend the fol  | lowing:   |   |   |  |
| A. If amending name, enter the new name of  | of the limited liab   | ility company here:                     |   |  |
| The new name must be distinguishable and contain the  | words "Limited Liabi  | ity Company," the designa               | tion "LLC" or the abbreviation "L.L.C."                                     |  |
| •   |   | 5111 W. Knox St                         |   |  |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |   | Tampa, FL 33634                         |   |  |
|   |   |   |   |  |
| Enter new mailing address, if applicable:   |   | 5111 W. Knox St                         |   |  |
| (Mailing address MAY BE A POST OFFICE   | ddress MAY BE A POST OFFICE BOX)  Tampa, FL 33634                         |   |   |  |
| 3. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:  | Shahar Shaba  | <u>e</u> :                              |   |  |
| Name Descriptored Office Address  | 5111 W. Kno   | : St                                    |   |  |
| New Registered Office Address:  | Enter Florida street address  |   |   |  |
|   | Tampa   |   | , Florida 33634<br>Zip Code   |  |
|   |   | City                                    | Zip Code  |  |
| v Registered Agent's Signature, if changing   | Registered Agent:   |   |   |  |
| reby accept the appointment as register visions of all statutes relative to the proper the obligations of my position as registed to merely reflect a change in the pany has been notified in writing of this | per and complete<br>gistered agent as <sub>p</sub><br>g registered office | performance of my oprovided for in Chap | luties, and I am familiar with and<br>ter 605, F,S. Or, if this document is |  |
|   | <del></del>   |   |   |  |

Page 1 of 3

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          | JT Molina     | 11026 Foster Carriage Rd |                |
|              |               | Lithia, FL 33547         | 🗆 🗸 🖂          |
|              |               |                          | ■ Remove       |
|              |               |                          | Change         |
| MGR          | Shahar Shabat | 5111 W. Knox St          | <b></b>        |
|              |               | Tampa, FL 33634          | LI X00         |
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|   |   |                           |   |   |
|   | 08/15/2                                     | 2018                      |   |   |
| Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the | s block does not meet the ap                | plicable statutory film   | (optional) ore than 90 days after filing.) Pu g requirements, this date wil | rsuant to 605.020<br>I not be fisted as |
| he record specifies a dela<br>The 90th day after the r  | yed effective date, but<br>record is filed. | not an effective t        | ime, at 12:01 a.m. on   | the earlier o                           |
| Dated   | 2018  |                           |   |   |
| _   | 2   | ~                         |   |   |
|   |   |                           |   |   |
| ,   | Signature of a member or                    | anthorized representative | of a member   | <del></del>                             |

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Filing Fee: \$25.00