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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	S20 Holdings, LLC				
Name of Limited Liability Company					
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please returi	ı all correspo	ndence concerning this matter	to the following:		
		Joseph D. Grosso, Jr.			
			Name of Person		
		Joseph D. Grosso, Jr. ,P.A.			
			Firm/Company		
		850 NW Federal Highway	, Suite 236		
		··	Address		
		Stuart, Florida 34994			
			City/State and Zip Code		
		jgrosso@jdgrossolaw.com		<u> </u>	
		E-mail address: (to be used for future annual report notif	lication)	
For further i	nformation co	oncerning this matter, please ca	all:		
Joseph D. G	rosso, Jr.		772 261-8557		
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25,00 I	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:

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



S20 Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2	August 16, 2017 and assigned		
Florida document number 1.17000175671			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	here:		
S2O Holdings, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the	te designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new		
Name of New Registered Agent:			

New Registered Office Address: Enter F	Florida street address		
	Florida		
City	. Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
	is capacity. I further agree to comply with the		

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILEL MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove _____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	<u> </u>
Effective date, if other than the date of filing:	(optional)
fair effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605,0207 (3)
document's effective date on the Department of State's records.	equirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated September 26, 2017	
Signature of a member or authorized representative of a	a membur

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Typed or printed name of signee

Filing Fee: \$25.00