000 175671

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	JUN 14 2022





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06/14/22--01001--007 **25.00

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

					
					
S20 HOLDINGS LI	LC				
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		· · · - · · ·			
			Art of Inc. I	File	
			LTD Partne	ership File	
			Foreign Co	rp. File	
			L.C. File		
			Fictitious N	lame File	
			Trade/Servi	ice Mark	
			Merger Filo	2	
			Art, of Ame	end. File	
			RA Resign:	ation	
			Dissolution	/ Withdrawal	
			Annual Rep	port / Reinstatement	,
			Cert. Copy		
			Photo Copy	y <u> </u>	
			Certificate	of Good Standing	
			Certificate	of Status	
			Certificate	of Fictitious Name	
			Corp Reco	rd Search	
			Officer Sea	arch	
			Fictitious S	Search	
Signature			Fictitious C	Owner Search	
Signature			Vehicle Sea	arch	
			Driving Re	ecord	
Requested by: SETH	06/12/22		UCC 1 or 3	3 File	
	$\frac{06/13/22}{P_{ata}}$	Time	UCC II Se	earch	
Name	Date	Time	UCC II Ro	etrieval	
Walk-In	Will Pick Up		Courier		
173 Browler's Brancon's Thornesian OA BC	·-				

COVER LETTER

Division of Cor			
SUBJECT:	S20 H	OLDINGS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	A	THENA E. STEI	NBERG
		Name of Person	
		ORGANIC SOLUTI	ONS
		Firm/Company	
	105	D SE DARLING.	STREET
		Address	
	STV4K	City/State and Zip Code	7
	A 1/	City/State and Zip Code	
	HTHE	NA @ ORGANIC SO	LUTTONSLA, COM
For further information of	oncerning this matter, please c		neariony
4			
	TEWBELG	at (<u>772</u>) <u>263</u> Area Code Daytim	.0910
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se Division of Cor	
Division of C P.O. Box 632	•	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 AM 9: 03

S2() H	DLDINGS LLC	SECRETARY OF STATE - TALL AHASSEE, FLORES
(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comment number <u>LIT 000 1756</u>		2/16/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim ASYLO HOLDIA The new name must be distinguishable and contain the words "Lim	VGC 11C	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	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 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	Name	<u>Address</u>	Type of Action
MGR	PAUL OSER	<u> </u>	□Add
		4101 SE COMMEQCE AVE	Remove
			□Change
MGR	HOWARD STEINFARG		□Add
		392 SW TAHOE COULT	Remove
			Change
MGR	SPIRO LASKARIS	JENSEN BEACH, EL 3945	744dd 34457
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		,	□Change

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	date, if other than the date of filing: $5/27/22$ (optional)	
ffective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00	207
iote: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as
ocument	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
recora s 1 is filed.		
	11.	
ated	6/1 2022	
	Signature of a member or authorized representative of a member	
	m.D. m.	
	DANIEL J. STEINBERG	

Filing Fee: \$25.00