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(Re	questor's Name)	
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DIVISION SE PH 1: 05

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COVER LETTER

· División of Corporations
SUBJECT: 3301 Spanish Toss TERR UC 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:
Name of Person
144 E olive Firm/Company
114 E olive steet Address
Long Beach, NY 11561 City/State and Zip Code Shi koacc & Smand. Com F-mail address: (to be used for fulfic annual report polification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sh. Lo Oucha at (646) 772 - 7000 Name of Person at (646) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & \Bigcup Certificate of Status &

MAILING ADDRESS:

Registration Section

TO:

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

SSOL SPAVISH TOSS T (Name of the Limited Liability Compa (A Florida Limited I	ERR LCC	records.)
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000220940</u>	were filed on/	25/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "LCC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114 E olice Long Beac	street =
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strec	1 address
		. Florida
	City	Florida 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>	<u>Address</u>	Type of Action
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Effective date, fan effective date Note: If the date document's effec	inserted in th	nis block does n	ot meet t	he applical	date of tilin le statutor	g or more the	(o) ian 90 days a uirements,	ptional) fter filing.) this date w	Pursuant to 60 rill not be lis	05,0207 sted as
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Dated Oct			12		1	_				

Page 3 of 3

Filing Fee: \$25.00