Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	JJC MODA	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	JAN	DRA COHEN Name of Person	
		Name of Person	
		C MONA LLC Firm/Company	
	9900	2 EQUUS CIA	1 CLE
	604	NDN BEACH, A City/State and Zip Code	= (33472
		SIA 2672 WG, 4	
For further information co	oncerning this matter, please co	all:	
SANS Name of	Person	at (<u>954)</u> 205 Area Code Daytime	- 73/0 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSC M	IDDA LLC			
(Name of the Limited Liability (A Florida	Company as it now appears of Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1 80001964/2</u>	mpany were filed on	8/16/18	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:	:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desig	gnation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u> </u>		23	
			120	
			JAK	b ≰ - ••=
Enter new mailing address, if applicable:			<u>, · · · · · · · · · · · · · · · · · · ·</u>	· · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			. PH) 5 1
			္	الموسا
	-		30	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nam</u>	e of the new	register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
	·	, Florida		<u> </u>
	Ciţy		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
MGRM	COLLEN, SANDRAS.	9902 EQUUS CIRCLE BOYNTONGEACHFL 33472	□Add
CHANGE TO			□Remove
CHANGE TO	:	9902 EQUUS CIACLE	_\A\Change
AMBR	COHEN SANDRAS.	BOYNTON BEACH, FL 33472	□Add
			□Remove
			□Change
		<u>.</u>	□Add
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f an effe <u>Note:</u>	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Dated _	mil/M 1-5-20
_	
	4 /////////////////////////////////////
	Signature of a member or authorized representative of a member

J. 00