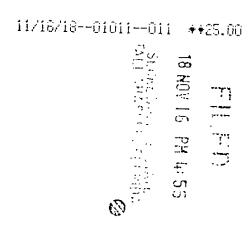
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	5 5 D A 5 co	nte Services Lited Liability Company	<u>LC.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sidner	Asante Name of Person	
		Firtn/Company	
	9221 Rive	rrock lane	
	Riverview	City/State and Zip Code	
		co gmail.com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Sidne Name o	rperson	at (347) 354- Area Code Daytime	1554 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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:

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

S'D Asante Ser	vices LLC
(Name of the Limited Liability Company as (A Florida Limited Liabi	ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on 10-29-2018 and assigned
Florida document number <u>L 18000 2 5 338</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	55
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
•	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my auties, and Fam jaminar with and wided for in Chapter 605, F.S. Or, if this document is

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sidney Asoute	9221 River rock Lang Enerview, F1, 33578	Add
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			Change
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			Respective Change Change Add Add Total
			
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Page 3 of 3

Filing Fee: \$25.00