L19000243259

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COVER LETTER

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SUBJECT:			
	Name of Lim	aited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	J Russell Isaac		
		N. CD	
		Name of Person	
	SISUFL LLC		
	,	Firm/Company	
	3302 Bracken Fern Dr.		
		Address	
	Harmony FL 34773		
		City/State and Zip Code	
	russi527@gmail.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
J Russell Isaac		203 247-1957	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SISUFL LLC 2010 AUG 17 AUG 39

(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 September 26,2019 and assigned Florida document number $\frac{119000243259}{}$ 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 Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, 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 street address _____. Florida ____ City 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> 2000 AU (17 AN 10: 39	Type of Action
AMBR	J Russell Isaac	3302 Bracken Fern Dr. Harmony FL 34773	
			□Remove
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. Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be pr	ior to date of filing or more than 90 days after filing.) Pursuant to 605.02 licable statutory filing requirements, this date will not be listed	207 (3)(I as the
The record specifies a delayed effective date, but not an effective decord is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated July 22	 ·	

Typed or printed name of signee