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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -1 AM 8: 18

COVER LETTER

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

	ration Sections on of Corpor			` .
SUBJECT: _	SU ITI	FIDIENT LLC	ited Liability Company	
		Name of Lim	ited Liability Company	
The enclosed A	rticles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return al	l corresponder	nce concerning this matter	to the following:	
		Vane	Lew S Name of Person	
	-		rimoCompany	<u>. S.</u>
		208 Sav	Address	
	-		City/State and Zip Code	
	-	E-mail address: (miel R Low-S Law : com to be used for future annual report noti	fication)
For further info	rmation conce	erning this matter, please ca	all:	
Pane	Name of Per	son	at (386) 237 - Area Code Daytim	S408 e Telephone Number
Enclosed is a cl	heck for the fe	Howing amount:		
X \$25.00 Fili	ng Fee E	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	ng Address: stration Sect	ion	Street Address:	ction
_	stration Section of Corp		Registration Sec Division of Cor	
	Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUITE IOI E NT (Name of the Limited)	LLC d Liability Compan A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L19002487</u>		were filed on 10	3/2019	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	hle:	ly Company," the design	nation "LLC" or the	abbreviation "L.I	.c."
Enter new mailing address, if applicable:					7.470.
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			Su Su Su	2022
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the na</u>	RETEN OF S	A
Name of New Registered Agent:	2.0	c (1 4 a		FAT	- 66
New Registered Office Address:		Sanford Ave Enter Florida s	treet address		
	Sante	Cin	Florida _	32771 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JONATHAN FERRARA	2900 WOODLANDS PARK CT.	X∕ Add
		LAKE MARY FL 32746	□Remove
			□Change
			□Add
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ı effi <u>te:</u>	ve date, if other than the date of filing: AU4057 29 2022 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
core s fil	d 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 ed.
	AUGUST 29 . ZOZZ .
ed_	
ed_	
ted _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00