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**DATE: 1/25/22**

**NAME: SS CRESTVIEW T5, LLC**

**TYPE OF FILING: AMENDMENT**

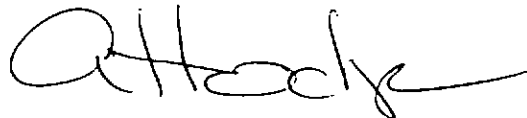
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**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SS Crestview T5, LLC

\_\_\_\_\_  
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:

David R. Phillips, Esq.

\_\_\_\_\_  
Name of Person

Phillips, Hayden & Labbee, LLP

\_\_\_\_\_  
Firm/Company

19321 US Highway 19 North, Suite 301

\_\_\_\_\_  
Address

Clearwater, FL 33764

\_\_\_\_\_  
City/State and Zip Code

stacey@streetsideretail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Phillips, Esq.

727 300-1399  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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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**

SS Crestview T5, LLC

(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 March 29, 2021 and assigned Florida document number L21000146467.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SS Brighton T5, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

13799 Park Boulevard North, #246

Seminole, FL 33776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13799 Park Boulevard North, #246

Seminole, FL 33776

**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:

David R. Phillips, Esq.

New Registered Office Address:

19321 US Highway 19 North, Suite 301

*Enter Florida street address*

Clearwater

Florida 33764

*City*

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Buckley

**Stacey Buckley, Manager**

**Filing Fee: \$25.00**