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DATE: 02/16/22

NAME:

SS BRIGHTON T5, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Sec vision of Corp				
OUR IF O'T.	SS Brighton	T5, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		David R. Phillips, Esq.			
			Name of Person	·····	
		Phillips, Hayden & Labbee	e, 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 n	Name of Person P Firm/Company Suite 301 Address ity/State and Zip Code used for future annual report notification) 727 at (
For further i	nformation co	ncerning this matter, please co	all:		
David R. Ph	illips, Esq.		,		
	Name of	Person	Area Code Dayt	ime Telephone Number	
Enclosed is	a check for th	e following amount:			
≘ \$ 25.00 2	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marka 16 Mars. SS Brighton 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 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 Deltona T5, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13799 Park Boulevard North, #246 Enter new principal offices address, if applicable:

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:

Seminole, FL 33776

Seminole, FL 33776

13799 Park Boulevard North, #246

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Cin	. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	Name	Address	Type of Action
MGR	Staccy Buckley	13799 Park Boulevard North, #246	
		Seminole, FL 33776	□Remove
			≣ Change
			□Add
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Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the app	dicable statutory filing n	(optional) than 90 days after filing.) Purs equirements, this date will r	zant to 605.0207 (not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
	2022			
February 15				
Dated				
Dated	Signature of a member or au	thorized representative of	a member	

Filing Fee: \$25.00