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Special Instruction Name wr LLC Siff	is to Filing Officer: 25 approved w 1x. A free and 2 to fix t	ithaut an new ment his error.

Office Use Only

(8/17/21)

MTM 8/18/21



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## COVER LETTER .

TO: Registration Sc Division of Cor			
S.S. Jenkin SUBJECT:	s Enterprises		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shante Jenkins		
		Name of Person	
		•	
		Firm/Company	
	3224 Dante Drive unit 102		
		Address	
	Orlando, Florida 32835		
	jenkins.shante@ymail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Shante Jenkins		407 721-6520 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 Addres	is:	Stropt Addross	5) <b>28</b>

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

Street Address: Registration Section Division of Corporations Tallahassee, FL 32302 121 AUG 17 PM 5: 05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.S. Jenkins Enterprises		
(Name of the Limited Liability Company as it is A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number 1.21009342733	iled on <u>July 29, 2021</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
S.S. Jenkins Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:	1.11	
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name o	of the new registered
Name of New Registered Agent:		22
New Registered Office Address:	ج:	2 m
	Enter Florida street address	
	Florida	
C7	iv .	Ap Cold
New Registered Agent's Signature, if changing Registered Agent:	ا :ـ	्र <sub>े</sub> रा
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addressing has been notified in writing of this change.	rmance of my duties, and Fam far. led for in Chapter 605, F.S. Or, if	nitiar with and This document is

If amending Authorized Person(s) authorized to manage, enter the title, vanic, and address of each person being added or removed from our records:

	Manager	
AMBR =	Authorized	Member

AMBR = Ac	ithorized Member	Addroses	Type of Action
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Filing Fee: \$25.00