

L21 000 535 612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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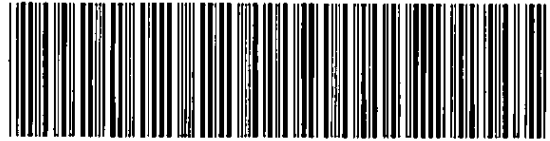
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Angel Serralles

813-478-0272

4616 Beauchamp Rd

Plant City, Fl 33563

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & S OFFSHORE, 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:

Angel Serralles

Name of Person

S & S OFFSHORE, LLC

Firm/Company

4616 BEAUCHAMP RD

Address

PLANT CITY, FLORIDA 33563

City/State and Zip Code

tiki@stoneandfoamcreations.com

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

For further information concerning this matter, please call:

ANGEL SERRALLES

813 478-0272
at ()

Name of Person

Area Code

Daytime 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**

S & S OFFSHORE, 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 December 21, 2021 and assigned
Florida document number L21000535072.

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:

4616 BEAUCHAMP RD

(Principal office address MUST BE A STREET ADDRESS)

PLANT CITY, FLORIDA 33563

Enter new mailing address, if applicable:

4616 BEAUCHAMP RD

(Mailing address MAY BE A POST OFFICE BOX)

PLANT CITY, FLORIDA 33563

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:

ANGEL SERRALLES

New Registered Office Address:

4616 BEAUCHAMP RD

Enter Florida street address

PLANT CITY

, Florida 33563

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.

Angel Serralles

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>	<u>Type of Action</u>
MGR	BRIAN SEFCIK		<input type="checkbox"/> Add
		708 LITHIA PINECREST RD.103 BRANDON,FL 335	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHARON SEFICK		<input type="checkbox"/> Add
		708 LITHIA PINECREST RD.103 BRANDON,FL 335	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MAKE ANGEL SERRALLES- MANAGER

E. Effective date, if other than the date of filing: MAY 22, 2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 21 2024

Angel Serralles

Signature of a member or authorized representative of a member

ANGEL SERRALLES

Typed or printed name of signee