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(Re	questor's Name)	
(Äd	dress)	
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(Cit	ry/State/Zip/Phone	> #)
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T. MATTHEWS
MAR 1 6 2022

COVER LETTER

		tration Section of Corpo						
SUBJEC		&S16 Hold	-					
ЭОБЈЕС	I ·			ited Liability Company				
The encl	osed A	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please re	turn a	ll correspond	dence concerning this matter	to the following:				
			Sergio D. Torres					
				Name of Person				
				Firm/Company				
			218 NW 92 Street					
			Address					
			Miami, Florida 33150					
			City/State and Zip Code storres@dtorrge.com					
			E-mail address: (to be used for future annual repor	t notification)			
For furth	er info	rmation con	cerning this matter, please ca	all:				
Sergio D). Torr	es 		305 301-991	13			
		Name of P	erson	Area Code Da	sytime Telephone Number			
Enclosed	is a cl	neck for the	following amount:					
■ \$25. 0	00 Fili	ng 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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S&S16 Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)

ed Liability Company)				
any were filed on January 7th, 2022	and assigned			
iability company here:				
ability Company," the designation "LLC"	or the abbreviation "L.1.,C."			
	·			
·····	-			
ce address on our records, enter th	ne name of the new registe			
gistered office address on our records, enter the name of the new regis here: Enter Florida street address				
Flor	ida			
City	Zip Code			
nt:	•			
<u>i</u>	ability company here: ability Company," the designation "LLC" ee address on our records, enter the			

company has been notified in writing of this change.

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>	Type of Action
Pres	Sergio D. Torres	218 NW 92 Street Miami, Florida 33150	□Add
			Remove
			□Change
MGR	Sergio D. Torres	218 NW 92 Street Miami, Florida 33150	■Add
			□Remove
			□Change
			□Add
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fan effective da Note: If the d	ite is listed, the da ate inserted in t	n the date of ite must be specif this block does the Departmen	filing: ic and cannot be not meet the a	applicable stat	filing or more the	option (option 90 days after fiuirements, this c	al) ling.) Pursuant to 60 late will not be lis	05.0207 sted as
record specif d is filed.	ies a delayed ei	ffective date, bu	t not an effec	tive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day aft	er the
Februa Pated	y 25th	 <u>-</u>	2022					
		\$	Tonne					
		Signature	of a member o	r authorized rep	presentative of a r	nember		