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Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor			
SASA4 I	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter	-	
	Akberali Kadibhai		
	Akocian Kadionai	Name of Person	
		Firm/Company	
	6217 Donnington Ct		
		Address	
	Sarasota, Fl 34238		
	akadibhai7@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Akberali		941 350 1585 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S		<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SASA4 LLC			7. 2
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document numberL22000081085	iability Company	were filed on 02/18	/2022 and assigned
This amendment is submitted to amend the foll	owing:		and assigned PH 6: 27
A. If amending name, enter the new name o	f the limited liabi	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	6217 DONNINGT	ON CT
(Principal office address MUST BE A STREE	T ADDRESS)	SARASOTA, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	6217 DONNINGT SARASOTA , FL	
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	FAMY HOLD	INGS LLC	
New Registered Office Address:	6217 DONNIN	NGTON CT	
		Enter Florida s	treet address
	SARASOTA		, Florida _34238
		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.

f 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>	Name	<u>Address</u>	Type of Action
AMBR	S.R.S INVESTMENT GROUP LLC	256 NEW GATE LOOP	
		LAKE MARY, FL 32746	- -
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Camen	serieure date on the Departi	nem of State & records.	•		
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