



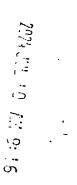
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations			
SUBJECT:	SDN REAL	TY FLILC			
SUBJECT.		Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	endence concerning this matter	to the following:		
		SHANNA NAIM			
			Name of Person		
		SDN REALTY FLUIC			
			Firm/Company		
		1200 WEST AVENUE #8	21		
			Address		
		MIAMI BEACH, FL 3313	9		
			City/State and Zip Code		
		shannanaim@gmail.com			
		E-mail address: (to be used for future annual report no	tification)	
For further in	formation co	oncerning this matter, please ca	all:		
SHANNA N	AIM		305 417-9415		
	Name o	f Person		me Telephone Number	
Enclosed is a	check for th	c following amount:			
≡ \$25.00 Fi	iling Fcc	☐ \$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)	
	ling Address istration S		Street Address: Registration Se	ection	
_		orporations	_	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

assigned
n "L.L.C."
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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.

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
			□Remove
			□Change
			□ Add
			□ Remove
		·-	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the
documen	t's effective date on the Department of State's records.
e record s rd is filed	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
Dated	June 20 2024
	SA
	Signature of a member or authorized representative of a member
	SHANNA NAIM
	Typed or printed name of signee