## Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

Electronic Filing Menu

Help

## **COVER LETTER**

(((H23000022952 3)))

TO: Registration Sec Division of Corp			
SSHI LLC			
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	SHAMIL BALUEV		
		Name of Person	
	SSHI LLC		
		Firm/Company	
	800 SE 4TH AVE STE 71		
		Address	
	HALLANDALE BEACH,	FL 33009	
		City/State and Zip Code	
	info@miaccounting.us E-mail address: (	to be used for future annual report no	lification)
For further information co	nceming this matter, please c		·
SHAMIL BALUEV		305 610-2704	
Name of	Person	at ()	me Telephone Number
Enclosed is a check for the	-	_	
■ \$25.00 Filing Fee	S30.00 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		Street Address:	
Registration S Division of Co		Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(((H23000022952 3)))

SSHI LLC		
(Name of the Limited Lis (A Fig.	ability Company as it now appears on our records.) orida Limited Liability Company)	28
		<u>ئ</u> ر الم
The Articles of Organization for this Limited Liabilit	ty Company were filed on 12/19/2022	and ssigned
Florida document number L22000530604		9
		Single Programmer of the second
This amendment is submitted to amend the following	g:	新疆。 3 是/1:27
A. If amending name, enter the new name of the	limited liability company here:	~ ~
		٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Entar non-principal offices address if annicables		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
	American state material substitution of the second of the	ay a year on the gardenian of the state of t
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ame of the new registered
agent and/of the new registered office address nei	<u>u.</u> .	
Nivers of Niver Depletored Agency		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	
		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I a ad agent as provided for in Chapter 605, F.S. ( tered office address, I hereby confirm that the	m familiar with and Or, if this document is
	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

Title	Name	Address	Type of Action
AMBR	MURTAZ TEMIRBULATOV	800 SE 4TH AVE STE 711	≡Add
4. 414 7.3		HALLANDALE BRACH, FL 33009	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effective date, if other than the date of filing:	suant to 60 not be lis	5 0207 (3)(ted as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90t d is filed.	h day afte	er the
Dated 19 JANUARY 2023		
Signature of a member or authorized representative of a member		
1		
SHAMIL BALUEV  Typed or printed name of signee		