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COVER LETTER

TO:

	egistration Se ivision of Cor					
SUBJECT	SSTZ LLC					
SUBJECT	·	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		GIHIDUL ISLAM				
			Name of Person			
			Firm/Company			
		5800 NORTH W ST				
			Address			
	PENSACOLA, FL 32505					
			City/State and Zip Code			
		PENSACOLAWHOLESAL				
For further	· information c	E-mail address: (oncerning this matter, please of	to be used for future annual report no all:	tification)		
GIHIDUL			321 347-2685 at ()			
	Name o	f Person		ne Telephone Number		
Enclosed is	s a check for th	ne following amount:				
■ \$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)		
	lailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Registration Se Division of Co				
	.O. Box 632		The Centre of			
Т	allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG -7 AM 7: 32

SSTZ LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ": LAHA .; . ; The Articles of Organization for this Limited Liability Company were filed on $\underline{\text{MAY 31, 2023}}$ and assigned Florida document number L23000264226 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGRM	RAKIBE ISLAM	5800 NORTH W ST STE 2	🗀 Add
		PENSACOLA, FL 32505	■Remove
			Change
MGRM	SHAFAYET ISLAM	5800 NORTH W ST STE 2	□Add
		PENSACOLA, FL 32505	Remove
			□ Add
		 	□Remove
			☐ Change
		-	□Add
			Remove
			Change
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			Change

				
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ective date, if other than to effective date is listed, the date is tested in this nument's effective date on the	he date of filing: nust be specific and cannot b block does not meet the :	applicable statutory fili	(optiona more than 90 days after filin ng requirements, this day	g.) Pursuant to 605.020
cord specifies a delayed effec s filed.	tive date, but not an effec	tive time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
ed JULY 6	2023	 ·		
X		r authorized representativ		
V G				

Filing Fee: \$25.00