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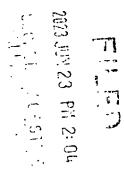
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Y. SCOTT 'AUG - 5 2023

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SSON &	2705 LLC ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		7023 JUN 23 F
	DGS 425 NE	Name of Person  Real E  Firm/Company  2214 St	Estate 304 Buite 904
	Miami, Guillen E-mail address: (	Address  FL 33/3  City-State and Zip Code  Code of Cod	of alestate. Com
For further information c	oncerning this matter, please co	all:	1 - 0
DIEGO Name o	6UILEN Person	at (646 35) Area Code Daytin	7) 4088 ne Telephone Number
Enclosed is a check for the	ne following amount:		
☑ S25.00 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)
		Samoat Addresses	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) lune The Articles of Organization for this Limited Liability Company were filed on Florida document number 😽 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) of the new registered B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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.

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
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Filing Fee: \$25.00