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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
☐ PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

TO:

TO: Registration So Division of Cor					
0414-443-675	S&N	1 33, LLC			
SUBJECT:	Nume of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SALVADOR SERRANG)			
		Name of Person			
	S&N 33, LLC				
		Finn/Company			
	15291 NW 60 AVE, STE	E 105			
		Address			
	MIAMI LAKES, FL 33	014			
		City/State and Zip Code			
	SSERRANO@SANDN	INVESTORS.COM to be used for future annual report no	(Greaters)		
For further information of	concerning this matter, please c	•	uncanon)		
SALVADOR SERRA		305 525-9881			
Name o	f Person	Area Code Daytii	ne 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 Addres		Street Address:			
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632	27	The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&N 33, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/19/2023 ___ and assigned Florida document number __1.23000294583 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: 15291 N.W. GO are #105 (Principal office address MUST BE A STREET ADDRESS) Miami Lakes, Fl 33014 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree a 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.

New Registered Agent's Signature, if changing 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	
MGR SALVADOR SERRANO		4900 SW 170th AVE		
		FORT LAUDERDALE, FL 33331	□ Remove	
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te: If the date inserted in this block d	loes not meet the ap	plicable statutory fi	ling requirements, this d	late will not be liste	ed a
sument's effective date on the Departi	ment of State's reco	rds.			
cord specifies a delayed effective date	e but not an effectiv	ve time, at 12:01 au	n, on the earlier of: (b)	The 90th day after	r the
s filed.	o, our not an ontesti	o (11/10), at 12/01 a.i.	a.e ae. e (e)	, va. day a	
ed July 25	<u>, ටුරට.</u>	3			
(C) FQ					
ed July 25 Vara FS signa	iture of a member or a	uthorized representat	ive of a member		

Filing Fee: \$25.00