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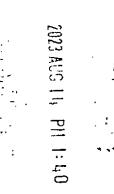
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| Special Instructions to Filir | ng Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | - | |
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| SUBJECT: S&S CFL | Solutions LLC | | |
| | | nited Liability Company | 2 |
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| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | - 07 |
| Please return all correspo | ondence concerning this matter | to the following: | 2023 AUG 1 14 PH 1: 40 |
| | | | |
| | Shane J Stein | | |
| | Shale J Stelli | Name of Person | © |
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| | S&S CFL Solutions | | |
| | | Finn/Company | |
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| | 625 S sweetwater cover b | | |
| | | Address | |
| | | | |
| | | City/State and Zip Code | |
| | longwood, FL 32779 | | |
| | - | to be used for future annual report not | fication) |
| For further information c | oncerning this matter, please c | ail: | |
| Shane J Stein | | at (407) 2525345 | |
| Name o | f Person | / | ne Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| | - | □ #¢¢ 00 €11 | El Azo oo elli e |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration S | | Registration Se | |
| Division of C P.O. Box 632 | • | Division of Cor The Centre of T | - |
| Tallahassee, I | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S&S CFL Solutions LLC | | | <u> </u> |
|---|---|------------------|------------------|
| (Name of the Limited Liability | Company as it now appears on our reco | rds.) | |
| (A Conda L | Sinited Elability Company) | • | - |
| e Articles of Organization for this Limited Liability Co | mpany were filed on 07/19/2023 | | _ and assigned |
| orida document number L23000340602 | | | |
| nis amendment is submitted to amend the following: | | | |
| . If amending name, enter the new name of the limite | ed liability company here: | | |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "Ll | LC" or the abbre | viation "L.L.C." |
| nter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRE | ESS) | | |
| | | | |
| | | | |
| -ton-one-relies address if amplicables | | | |
| nter new mailing address, if applicable: | | | |
| Agiling address MAY BE A POST OFFICE BOX) | | | |
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| | | | |
| . If amending the registered agent and/or registered of | office address on our records, <u>ent</u> e | er the name o | f the new regis |
| gent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Products of Office Address. | | | |
| New Registered Office Address: | Enter Florida street addi | ress | |
| | | | |
| | , I | Florida | Zip Code |
| | Cuy | | гэр Соае |

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 |
|--------------|---------------|----------------------------|----------------|
| MGR | Shane J Stein | 625 S Sweetwater Cove Blvd | |
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| ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the light | ust be specific a block does not | nd cannot be it meet the ap | plicable stat | filing or mor utory filing | e than 90 days | optional) safter filing.) s, this date v | Pursuant to 605.0 will not be listed |
| record specifies a delayed effecti is filed. | ve date, but n | ot an effecti | ve time, at 17 | 2:01 a.m. or | the earlier o | of: (b) The | : 90th day after t |
| ated August 7 | | 2023 | · | | | | |
| | _ | | | | | | |
| | Shuu | | authorized rep | | · · · · · · · · · · · · · · · · · · · | | |