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। अक्टिन के निर्माण के किया है। इ.स.च्या (१८०८ - १८८५) तह



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: SUST	EDIOOS PL	AYHOUSE LL	2
SUBJECT:	Name of Lim	ited 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:	
	SUSTE	PMICUCCI Name of Person	
	SUSTED	OOS PLAYHOUS	SE
	2316 SW 9		
	CUSTDO	City/State and Zip Code OSEPLAYHOUSE	CGMAIL OM
For further information co	E-mail address: (oncerning this matter, please of	to be used for future annual report not	fication)
SUSTE P	MICUCI Person	at (AIU) US Daytim	42 by te Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Con The Centre of T	rporations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUSTEDOOS PLA	MHOUSE LLC	<u>-</u>
(A Florida Limited (A Florida Limited)	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1300530761</u> .	ny were tiled on <u>NOV 29, 20</u>	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the na	me of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		. co
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	Cin	rsp cone

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>	<u>Address</u>	Type of Action
MGR	SUSIF AMIC	CUCCT 2315 SW Pamala S-	T Add
		POA ST WICTE, FL	34953 Remove
			□Change
			□Add
			□Remove
			□Change
			Dⅆ
			Remove
			☐ Change
			□Add
			Remove
		.	□Change
			\ \tag{\text{Add}}
			□Remove
			☐ Change
			□Add
			□Remove
			∩Change

E. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated July 17th 2024.
Signature of a member or authorized representative of a member
SUITE AMICUCLE Typed or printed name of signee

Filing Fee: \$25.00