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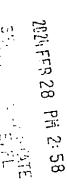
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COVER LETTER

TO:		ration Section n of Corporations		
011515		HAD INVESTMENTS LLC		
SUBJE	L1:	Name of Limited Liability Company		
The enc	losed Art	ticles of Amendment and fee(s) are submitted for filing.		
Please r	eturn all o	correspondence concerning this matter to the following:		
		DALCHAND RAGNAUTH		
		Name of Person		
		Firm/Company		
		5801 PIERCE STREET		
		Address		
		HOLLYWOOD, FL 33021		
		City/State and Zip Code sshadinvestments@gmail.com		
		E-mail address: (to be used for future annual report notification)		
For furt	her inforn	mation concerning this matter, please call:	2024	
Dalchar	nd Ragnai	at ()	2024 FEB 28]
		Name of Person Area Code Daytime Telephone Number		
Enclose	d is a che	eck for the following amount:		
□ \$ 25	.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

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 OF

SSHAD INVESTMENTS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 01/16/2024	and assigned
Florida document number L24000033007	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· • • · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		e name of the new registered
mgent and of the new registered whee source		
Name of New Registered Agent:		ECTA 2: 5
-		пσ
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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>	<u>Address</u>	Type of Action
MGR	RAGNAUTH, DALCHAND	18331 PINES BLVD. #1118	
		HOLLYWOOD, FL 33029	□Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		·	□Remove
			□Change
			□Remove S OFFenge
			28 8 dd Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requirent occument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies filed.	lier of: (b) The 90th day after the
Feburary 14 2024	
	рет

Filing Fee: \$25.00