LZ4000048384

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S. PRATHER

COVER LETTER

Registration Section Division of Corporations

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	SARR PART	NERS LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of A	merdment and fee(s) are sub-	nitted for filing.		
Please return a	all correspond	ence concerning this matter t	o the following:		
		SUVAS BAROT			
			Name of Person		
		SSARR PARTNERS LLC			
			Firm/Company		
		9100 BELVEDERE ROAD	SUITE 205		
			Address		
		WEST PALM BEACH, FL	. 33411		
			City/State and Zip Code	·	
		E-mail address: (t	o be used for future annual re	port notification)	
For further inf	ormation con	cerning this matter, please ca	Н:		
SUVAS BAR	ROT			7536	
	Name of P	erson	at () Area Code	Daytime Telepho	ne Number
Enclosed is a c	check for the	following amount:			
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SARR PARTNERS LLC		
(<u>Name of the Limited I</u> (Λ	.iability Company as it now appears on our records.) Florida Limited Liability Company)	
		and assigned
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L24000048384		2)
This amendment is submitted to amend the following	ոջ։	
A. If amending name, enter the new name of the	e limited liability company here:	
SSARR PARTNERS LLC		
The new name must be distinguishable and contain the words	s"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
Frincipal Office address MOST BE A STREET A	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, enter th	e name of the new regist
agent and/or the new registered office address h	ere:	_
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Die Finne in the street care to	
-	, Flori	ida Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent	Ιf	Changing	Registered	Agent,	Signature of	New	Registered Agent	ı
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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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		····	□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			🗆 Remove
		- A	□ Change
			□Add
			Remove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)
		
	· ·	
		· <u> </u>
		
	<u>.</u>	
-		·
		
(If an effectiv	date, if other than the date of filing: 11/18/2024 (optional educing date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing the date of filing or more than 90 days after filing the date of filing t	g.) Pursuant to 605,0207 (3)(1
	he date inserted in this block does not meet the applicable statutory filing requirements, this dates of the Department of State's records.	te will not be listed as the
f the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2024	
Daicu	Suvas barot	
	Signature of member or authorized representative of a member	2024
	SUVAS BAROT	<i>\$</i>
	Typed or printed name of signee	<u></u>

Filing Fee: \$25.00