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## **COVER LETTER**

1,

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

ro:

subject: S		ited Liability Company	<u>LLC</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shah	ira Singh Name of Person		
		tegic Solution	SLLC	
	2165 A	JW 19th ST Address	<u>.</u>	
	Fort La Shahi E-mail address: (	city/State and Zip Code in a 8280 gmc to be used for future annual coport notification.	33311 al. com	
For further information c	oncerning this matter, please ca		TAL TAL	2024
Shahira Name o	Singh Ferson	at ( <u>347</u> ) <u>432</u> - Area Code Daytime	SECRETARY OF STATE  TALLIHASSEE, FL  Telephone Number  Talling Fee	NOV IR AN
Enclosed is a check for the	he following amount:		9: 2 FL FL	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction	
Division of Corporations P.O. Box 6327		Division of Corp	porations	
		The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&S Strategio So	10-1100S LA	LC
S&S Strategic So (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our reco ability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000265980}{}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Shams Strategic S The new name must be distinguishable and contain the words Limited Liabili	SOLUTIONS ty Company," the designation "LI	LC" 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:  (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY C
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered [7]
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	<u></u>	
	Enter Florida street addi	ress
	, l	Florida 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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		<del></del>	□Change
			□Add SE 20
			PA NOV I
			SECTON NOV 18 AH 9: 28  TALEMAN OF STATE  Remove
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			□Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
AC	2024 NOV 18
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SSEE STATE OF THE	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.0207 (3)(b)
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of:
Dated NOvember 12, 2024.	
Signature of a member or authorized representative of a member	
Shahira Singh Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00