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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

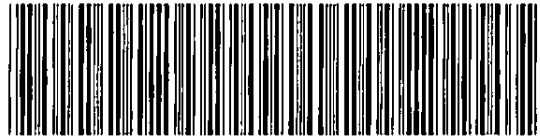
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/24--01010--017 ♦♦25.00

To whom it may concern,

Please find attached amendment forms for LLC.

LLC name – S & S Enterprises of Florda LLC
EIN – 99-3384114

Registered Agent – Stuart Zimmelman

Stuart Zimmelman

1268 Waterway Cove Dr.
Wellington, FL 33414

Tel: 561-445-2297

Email – stuartzim@gmail.com

Thank you



Stuart Zimmelman

6-14-24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S + S Enterprises of Florida LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart Zimmerman
Name of Person

S + S Enterprises of Florida LLC
Firm/Company

1264 Watersway Cove Dr.
Address

Wellington FL 33414
City/State and Zip Code

StuartZim@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Zimmerman at (561) 445-7297
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration 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**

S & S Enterprises of Florida LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05-22-2024 and assigned Florida document number L24000237442

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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>	<u>Type of Action</u>
MGR	Stuart Zimmerman	1268 Waterway Cove Dr.	<input checked="" type="checkbox"/> Add
		Wellington FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brandon Shane Arwood	1264 Waterway Cove Dr.	<input checked="" type="checkbox"/> Add
		Wellington FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Adx TIN 99-3384114

(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 605.0207 (3)(b)

If 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 record is filed.

Dated June 14, 2024

Signature of a member or authorized representative of a member

Stuart Zimmelman
Typed or printed name of signer

Filing Fee: \$25.00