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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GULATI LAW

Account Number : I20130000014

Phone

: (407)900-5054

Fax Number

: (407)517-4931

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROPERTY SS LLC

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K. SALY

AUG - 2 2024

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### **COVER LETTER**

TO: Registration S Division of Co					
	TY SS LLC				
SUBJECT:	Name of Li	nited Liability Company			
The analoged articles of	f Amendment and fee(s) are su	Numbered Co. Cline			
		-			
riease return all corresp	ondence concerning this matte	r to the following:			
	SARAH GULATI, ESQ.				
		Name of Person	·		
	GULATI LAW, P.L.				
		Firm/Company			
	479 MONTGOMERY PL	ACE			
		Address			
	ALTAMONTE SPRINGS	S, FLORIDA, 32714			
	OPEICE OCULATUANIA	City/State and Zip Code			
	OFFICE@GULATILAW.	(to be used for future annual report no	otification)		
For further information of	concerning this matter, please o				
Serah Gulati, Esq.		407 900-5054			
Name of Person		at () Area Code Dayti	mc Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclased)		
Mailing Address		Street Address:			
Registration : Division of C		Registration S Division of Co			
P.O. Box 632	27	The Centre of	The Centre of Tallahassee		
Tallahassee,	rL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

# ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION



PROPERTY SS 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 06/03/2024 \_\_\_\_ and assigned Florida document number L24000256645 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 "LLC." 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 \_\_

#### 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.

08/01/2024 : 16:41 (FAX) P:004/005

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
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			□Change
AMBR	MADAMSETTY, ANIL KUMAR	479 MONTGOMERY PLACE	<b>2</b> Aćd
		ALTAMONTE SPRINGS, FLORIDA 32714	□Remove
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docume	nt's effective date on t	he Department of St	ate's records.			
f the record coord is file	specifies a delayed eff ed.	fective date, but not a	n effective time,	at 12:01 a.m. on th	e carlier of: (b) T	he 90th day after the
	Ayoust 1		2024			
Dated _						
Dated _	Ayoust 1	· \ ~-/· .				