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To:

Division of Corporations

13476308873

Fax Number : (850)617-6383

From:

Account Name : CPLUSA TAX & ACCOUNTING INC

Account Number : I20190000090

: (718)854-1989

Fax Number

: (718)854-1947

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 SS BOYNTON LLC

Certificate of Status	0
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K. SALY

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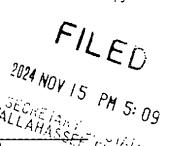
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H24000380450 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SS BOYNTON LLC		TALLAHASSIZ
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	TALLAHASSEE FLORIO
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on September 11, 20	024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	C" or the abbreviation "L.IC."
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 agent and/or the new registered office address here:	address on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	555
	ព	lorida
	, Ti	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

pg 3 of 4

H24000380450 3 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

⊕ 11/**3**5/2024 11:12 AM

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDDIE WANG	1750 N CONGRESS AVE STE 700	■Add
		BOYNTON BEACH, FL 33426	□ Remove
			□Change
			DAdd FOR THE PROPERTY TO
			TALLAHASSELT F DANG
			☐ Change
			□ Add
			Remove
			□Change
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Fan effective date is listed, the date must Note: If the date inserted in this bloolocument's effective date on the Department.	be specific an ck does not a	d cannot be prior meet the applic	to date of filing able statutory	or more than 90 c	lays after filing) Pursuant to	605.0207 (3)(b) isted as the
record specifies a delayed effective d is filed.	date, but no	t an effective ti	me, at 12:01 a	i.m. on the earli	erof:(b) Th	e 90th day a	fter the
NOVEMBER 15		2024					
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