## 124000399652

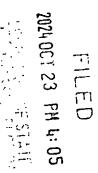
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJEC	SHS FLL I	231 LLC			
SUBJEC	ν1; <u> </u>	Name of Lin	nited Liability Company		<del></del>
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please re	eturn ali correspo	ndence concerning this matter	to the following:		
		NAVEED H DOSSANI			
		<del> </del>	Name of Person		
		ADVANTAGE ACCOUN	NTING AND TAX LL	.C	
			Firm/Company		
		2700 N MILITARY TRA	IL, SUITE 200		
		<u> </u>	Address	· ,	<del></del>
		BOCA RATON, FL 3343	I		
			City/State and Zip Co	xde	<del></del>
		naveed@advantage.cpa	to be used for future ann	usal report patification)	
For furth	er information co	oncerning this matter, please c		ion report to menton,	
NAVEE	D H DOSSANI		954 at ( )	864-5362	
	Name of	Person	Area Code	Daytime Telephone N	amber
Enclosed	is a check for th	e following amount:			
<b>\$</b> 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	Cer enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy titional copy is enclosed)
Ī	Mailing Address Registration S Division of Co	ection	Regi	Address: stration Section sion of Corporations	
	D O D (22)			a an	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 23 PM 4: 05

SHS FLL 1231 LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	To FSI
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000399652</u>	were filed on 09/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	815 SE 17TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33316	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agents	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 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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ffective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date or	date must be specific a this block does no	and cannot be prior to timeet the applica	to date of filing or more	(optiona than 90 days after filir equirements, this da	ng.) Pursuant to 605.0207
record specifies a delayed is filed.	effective date, but n	not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ated October	15	2024			
190-0	) 16A	2			
Muse	Signature of	a member or surbo	rized representative of a	member	<u> </u>

Filing Fee: \$25.00