

To:

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2022-08-16 08:07:55 CST

12122023573

From: Lexus Wingo

7/22/22, 11:22 AM

Division of Corporations

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Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

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SECRETARY OF STATE
FALL MASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SMST 5688 E STATE R 44, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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AUG 17 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SMST 5688 E State Rd 44, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000009204

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 13, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SSGT III 5688 E State Rd 44, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

APPROVED
AND
FILED

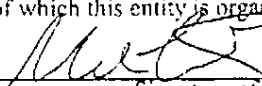
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Nicholas M. Look

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SMST 5688 E STATE RD 44, LLC", CHANGING ITS NAME FROM "SMST 5688 E STATE RD 44, LLC" TO "SSGT III 5688 E STATE RD 44, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF JULY, A.D. 2022, AT 7:28 O'CLOCK P.M.



6828745 8100
SR# 20223032406

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203960223
Date: 07-20-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:28 PM 07/19/2022
FILED 07:28 PM 07/19/2022
SR 20223032406 - File Number 6828745


STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
SMST 5688 E STATE RD 44, LLC

Pursuant to the authority of Section 18-202 the Delaware Limited Liability Company Act, the undersigned submits the following:

1. The current name of the limited liability company is SMST 5688 E State Rd 44, LLC.
2. The date of the filing of the original Certificate of Formation of the limited liability company was May 31, 2022.
3. The Certificate of Formation of the limited liability company is hereby amended to amend and restate the first provision thereof in its entirety as follows:

First: The name of the limited liability company is SSGT III 5688 E State Rd 44, LLC.
4. This filing shall become effective upon filing with the Delaware Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation on the 19th day of July, 2022.

By: 
Nicholas M. Look
Authorized Signatory