L0300003694

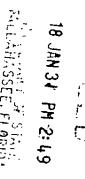
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(D:	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800308416728

01/31/18--01013--012 **25.00



FEB 0 1 2018 Y SULKER

COVER LETTER

Division of Cor	porations		
Palms Dent SUBJECT:	tal LLC		
	Name of Limited Liabi	ity Company	· · · · · ·
The enclosed Articles of	Amendment and fee(s) are submitted fo	r filing.	
Please return all correspo	ondence concerning this matter to the fol	lowing:	
	Heather Stock		
	Na	me of Person	
	Fi	rn/Company	
	9303 Firethorn Place		
		Address	, , , , , , , , , , , , , , , , , , ,
	Lakewood Ranch FL 34202		
	City/St	ate and Zip Code	
	trifamilycrew@gmail.com		
	E-mail address: (to be used	for future annual report notifica	tion)
For further information of	concerning this matter, please call:		
Heather Stock		941 447-5328	
Name of Person at ()			
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	Certificate of Status C	5.00 Filing Fee & ertified Copy dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palms Dental LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
he Articles of Organization for this Limited Liability Compa	any were filed on 1-31-2003 and assigned
lorida document number L03000003694	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited l	liability company here:
s.S.E. Holdings LLC	
ne new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) . If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the barnet of the na
), W
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer ruoraa sireet aaaress
	Florida Zin Code
	City Zin 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
			Remove
			SSEE FLONIDA
			Remove
			☐ Change
			Add
			□ Remove
			Change
	·		D Add
			☐ Remove
			Change

	•							
								_
								_
								_
		 						_
								_
	*****		- 		-			_
								_
								_
				•				_
						يان. بايد		
							——————————————————————————————————————	_
							JA	
						: N -		_
						SSE		_ [
						بر مان	PΧ	į
								— (<u>"</u>
						13.00 10.00 10.00	t-	-
							_ _	_

Page 3 of 3

Filing Fee: \$25.00