0300005178

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900191978639

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

SUFFICIENCY OF FILING

RECEIVED

B. KOHR

FEB - 3 2011

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02-02-2011

NAME:

SSC DISABILITY SERVICES LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST:

\$55

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL

COVER LETTER

TO: Registration S Division of Co			To the state of th
SUBJECT:		ility Services, LLC ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	•
Picase return all correspondent	ondence concerning this matter	to the following:	
·	Brad Wood		
		(Name of Person)	
	Bass, Berry & Sims		
		(Firm/Company)	
	150 3rd Avenue South,	Sulte 2800	
		(Address)	
	Nashville, TN 37201		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	ali:	
Brad Wood		at (615) 742-7816	
(Name	of Person)	at (615) 742-7816 (Area Code & Daytime T	eleplione Number)
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

1, Clariford Stations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSC Disability Services, LLC							
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
(A.)	iona Linnea Li	autiny Company	,				
The Articles of Organization for this Limited Liability Company were filed onFebruary 11, 2003 and assigned							
Florida document number L03000005178							
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of	the limited liabil	ity company h	ere:				
		1					
The new name must be distinguishable and end with	the mande of the lands	ATIANIIIC-	name II the designation HI I Cli on the abbreviation				
"L.L.C."	the words "Limit	a Figure Cou	spany," the designation "LLC" or the aboreviation				
Enter new principal offices address, if applical	19 Forest Parkway						
(Principal office address MUST BE A STREET	ADDRESS)	Shelton, CT 06484					
Enter new mailing address, if applicable:		19 Forest Parkway					
· · · · · · · · · · · · · · · · · · ·		Shelton, CT 06484					
(Mailing address MAY BE A POST OFFICE BOX)		Official Co.					
		», <u>.,</u>					
D. If amouding the projetived agent - d/-							
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:							
North Chief Best of A.	Name of New Registered Agent: Mark Auerbacher of Buchanan, Ingersoll & Rooney						
Name of New Registered Agent:	Mark Adelpacher of Edditatian, ingerson & Rooney						
New Registered Office Address:	100 SE 2nd Str	SE 2nd Street, Suite 3500					
	(Enter Florida street address)						
	Miami		, Florida 33133-2158				
		(City)	(Zip Code)				
New Registered Agent's Signature, if changing Re	gistered 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 6087H.S. On If this document is being filed to merely reflect a change in the registered office underest I hereby confirmation the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = M	nager . anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Alan Flaumenhaft	19 Forest Parkway Shelton, CT 06484	Add Remove
MGR	Jonathan Mayhew	19 Forest Parkway Shelton, CT 06484	Add Remove
MGR	Raymond D. Trevino	17338 Dolphin Street East Sugarloaf Key, FL 33042	Remove
MGR	David H. Lissy	200 Talcott Avanue South Watertown, MA 02472	Add p Remove
MGR	Joseph M. Berardo, Jr.	2203 Mueller Lane Sea Girt, NJ 08750	Add Remove
MGR	Social Service Coordinators, Inc.	14261 Commerce Way Miami Lakes, FL 33016	Add niz Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	essary.)
Dated		11	 -
	Alan Flaumenhaft	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00