

LOS 0000 19014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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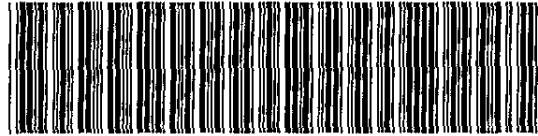
(Business Entity Name)

(Document Number)

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LOS-19014
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN STATE SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO D ORELLANA

(Name of Person)

SOUTHERN STATE SERVICES, LLC

(Firm/Company)

9822 SW 145 PL

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO D ORELLANA

(Name of Person)

at (305) 582-7504

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOUTHERN STATE SERVICES , LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02 / 24 / 2005 and assigned document number L05000019014.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

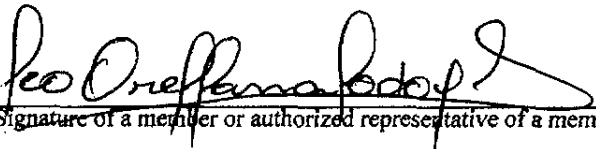
Please , change the following addresses :

- Address of Principal Office (Article II)
- Mailing Address (Article II)
- Address of Registered Agent (Article IV)
- Address of Managing Members / Managers are : (Article V)
 - Title : PS Name : Roberto M Espinosa
 - Title : VPT Name : Leonardo D Orellana

To this new one :

9822 SW 145 PL
MIAMI , FLORIDA 33186

Dated MAY 25 , 2005 .



Signature of a member or authorized representative of a member

LEONARDO D ORELLANA

Typed or printed name of signee

Filing Fee: \$25.00