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(Requestor's Name)					
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C. LEWIS

DEC 1 0 2009

EXAMINER

COVER LETTER

TO:	Registration and Control of Control		•		
SUBJE	in a	S.S. En	terprises L.L.C.		
20201			ited Liability Company		
The en	closed Articles o	of Amendment and fee(s) are sul	omitted for filing.		
Please	return all corres	pondence concerning this matter	to the following:		
			Scott Shackley		
			Name of Person		
			Firm/Company		
			35 Cord Rd.		
Address					
Santa rosa beach, FL 32459					
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	ation)	
For fur	ther information	concerning this matter, please of	call:		
		cott Shackley		18-0972	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclose	ed 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)	
		LING ADDRESS:	STREET/COURIE Registration Section		

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

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

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

FILED

2009 DEC -9 PM 19 B4

0.0.5			DY OF STATE,
S.S. E (<u>Name of the Limited Liabilit</u> (A Florida	INTERPRISES L.L.	appears on our records A	SSEE, FLORIUM
(A Florida	Limited Liability Comp	oany)	
The Articles of Organization for this Limited Liability (Company were filed or	n 08/22/2009	and assigned
Florida document number <u>L0500083718</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compar	<u>1y here:</u>	
The new name must be distinguishable and end with the wo	rds "Limited Liability (Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
\$	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 -		····
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 608, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgmr	Jeremy Todd Sultuska	219 Via Largo Drive Santa rosa beach, fl 32459	Add Remove
mgmr	Mark Shackley	257 Enchanted Way Santa Rosa Beach FL 32/459	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	y.)
_			····
		00	- Face
Dated	Signature of a men	mber or authorized representative of a member	FILED PH IN BU
	TV	Scott Shackley yped or printed name of signee	- FS
	••	Page 2 of 2	ORIDA ORIDA

Filing Fee: \$25.00