

# LOG 000002843

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ WAIT

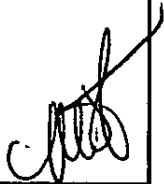
☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

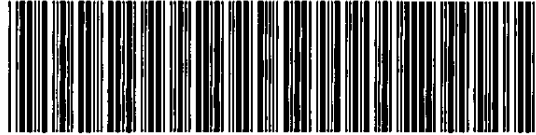
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SSAD, 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:

Nina O. Soileau

(Name of Person)

SSAD, LLC

(Firm/Company)

3229 Highway 17

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Shipley

(Name of Person)

at ( 904 ) 284-4021

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SSAD, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on January 9, 2006 and assigned  
document number L06000002843.

SECOND: This amendment is submitted to amend the following:

Article V - The name and address of managing members/  
managers are:

Title: MGRM - John W. Soileau


3229 Highway 17, Green Cove Springs, FL 32043

Title: MGRM - Nina O. Soileau

3229 Highway 17, Green Cove Springs, FL 32043

M. Brooke Soileau-Henning, Benjamin Soileau and Jon Soileau  
should be removed.

Dated September 27, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John W. Soileau  
\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT -9 AM 10:00

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