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(Re	questor's Name)	
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(Bu	isiness Entity Name)	
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Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	-
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		es Strategy Group Support Ser	vices, LLC	
SOBJEC	1	Name of Lin	nited Liability Company	
The enclu	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Adria Cavany		
			Name of Person	
		The Southern Group		
			Firm/Company	
		P.O. Box 10570		
			Address	· .
		Tallahassee		
			City/State and Zip Code	
		accounting@thesoutherngre	•	
			to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
Adria Cavany			850 671-4401 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	0 Filing Fee	S30.00 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 Addres		Street Address:	ention.
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United States Strategy Group Support Services, LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	filed on January 9, 2006	and assigned
lorida document number L06000002988		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
he Southern Group Support Services, LLC		
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abl	oreviation "L.L.C."
nter new principal offices address, if applicable:		
· · · · · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STREET ADDRESS)		
_	.	
nter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered office addre	ess on our records, enter the name	e of the new regist
gent and/or the new registered office address here:	enter the manie	i di the Hell Legist
		•
Name of New Registered Agent:		
reame of new registered rigent.	, , , , , , , , , , , , , , , , , , , ,	<u> </u>
New Registered Office Address:		
	Enter Florida street address, Florida	- - - -
		·
		Ziv 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 amending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			☐ Change
			🗆 Add
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te: If th	e date inserted	in this block do	es not meet	the applica	ble statutory	filing require	ments, this d	ate will not b	oc listed as
ument's	effective date	on the Departme	ent of State	e's records.					
	cifies a delayer	d effective date,	but not an	effective tii	ne, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90th day	y after the
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Filing Fee: \$25.00