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11. AUG 23 PM 12: 38
SECRETARY OF STATE

J. BRYAN

AUG 24 2011

EXAMINER

COVER LETTER

TO: Registra Division	ation Section n of Corporations	
SUBJECT:	Limited Liability Company	
The enclosed Art	cicles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Suide A. Fleeney Name of Person	TILED PHIS: 38 13 NIG 23 PHIS: 38 SECRETARY OF STATE SECRETARY OF STATE
	Firm/Company	SSE CO
	1148 Heartwood Dr.	OF STE
	De Land, Fl 32720	A DE
	City/State and Zip Code // NETEVENCY @ OSC. COM /E-mail addréss: (to be used for future-annual report notification)	
For further inform	nation concerning this matter, please call:	
8	Area Code & Daytime Telephone Number	
		-
Enclosed is a che	ck for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed)	ite of Status &

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

(Name of the Limited Liability)	Company as if now appears of	in our records.)
(A Florida/Li	mited Liability Company)	. <u> 04. 1990 a</u> ,
The Articles of Organization for this Limited Liability Co Florida document number <u>LOWOOG2759</u>		5/23/06 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company here:	THE SECRETARY OF THE PARTY OF T
The new name must be distinguishable and end with the word	ls "Limited Liability Company	
"L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1148 R De Land	Kartwod Di. 1,72 32120
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	r Florida street address
		, Florida
	City	Zip 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 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 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>	Name	Address	Type of Action		
mgr	Linds R. Ferency	1148 Near Word Di.	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.))		
 Dated	Olly 18, 20 Signature of a member of	LAHASSEE. FLOR D	3 PH Z: 3		
	Li	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00