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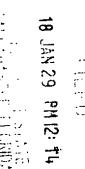
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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S. WARREN JAN 3 0 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUS, LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Bombard		
	•	Name of Person	
		Firm/Company	
	966 Finrod Way		
		Address	
	Casselberry, Florida 32703		
	bumby@sus-Ilc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Michael Bombard		407 404-2433	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

SUS, LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on July 13, 2009	and assigned
lorida document number 1.09000067051		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regegistered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida

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 Changing Registered Agent, Signature of New Registered Spent

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
MGRM	Todd Walber	14706 Eagle View Court	
		Orlando, Florida 32837	Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
		 	□ Gi ange
			Add I
			Remove
			Change

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iote: If ocumen e recor	date, if other than the date of filing:	ed as
ated	1-26-18	
	18	
	Signature of a member or authorized representative of a member	
	Michael Bombard Speed or printed name of signee	, ,
		;
	NS	
	Page 3 of 3	

Filing Fee: \$25.00