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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| L. SELLERS | | | | |

Office Use Only

JUN 2 1 2011

EXAMINER



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06/20/11--01045--010 **30.00

SEGRETARY OF STATE
TAULAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---------------|---|--|--|--|--|--|
| SUBJE | SUBJECT: SSC Kitchens UC | | | | | |
| | Name of Limited Liability Company | | | | | |
| The end | closed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| | Sally Reeder Name of Person | | | | | |
| | SSC Kitchens LLC Firm/Company | | | | | |
| | 8346 Market St. | | | | | |
| | Brackerth, FL 34202 City/State and Zip Code | | | | | |
| | Sareder @ comcast. Not E-mail address: (to be used for future annual report notification) | | | | | |
| For fur | ther information concerning this matter, please call: | | | | | |
| So | Name of Person at (| | | | | |
| Enclose | ed is a check for the following amount: | | | | | |
| \$25 . | .00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{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

| SSC Kitcher | is. U.C. | |
|---|---|-----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our rec Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>69001057</u> .25 | | 2009 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | gnation "LLC" or the abbreviation |
| Enter new mailing address, if applicable: | 8346 Manket | 5t. |
| (Mailing address MAY BE A POST OFFICE BOX) | Bradenton, FC | 5t. 34202 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | | , enter the name of the new |
| | Enter Florida s | treet address |
| | , Flo | orida |
| Now Designation of Association (Schooling Designation) | Сиу | zip Coue |

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 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 |
|--------------|--|---|---|
| MGRM | Sandra Davis | 2524 Espandia Sonasota, Fl 34239 | Add Remove |
| <u>m6Rm</u> | Catherine Smith | 1350 ENING St. NOKOMIS, FL 34275 | ☐ Add ★ Remove |
| <u>mgrm</u> | Sally Reeter | 4545 Brooksdale Dr. Sarasata, Fr 34232 | Add Remove |
| <u>MGRM</u> | William German | 4545 Brooksdale D. Sarasota, R 34232 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter change | e(s) here: (Attach additional sheets, if necessary | ·/ |
| | | | |
| Dated | TUN 15, , 201 | | N 20 PM 4: 4 ETANY OF STATE HASSEE, FLOAN |
| | Sally A. R | or authorized representative of a member CCCV or printed name of signee | 5 6 9 |

Page 2 of 2

Filing Fee: \$25.00