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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

SEP 09 2010

EXAMINER

COVER LETTER

TO: 'Registration Division of C				
SUBJECT:	Wooter	n & Kahn, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Bobby Don Wooten Name of Person		-
		name of Person		
SSBDW, LLC Firm/Company				-
	₽ _c _			
8722 NW 49th Dr				CLAN O SE
		Address		P- HASS
	Co	oral Springs, FL 33067		
		City/State and Zip Code		
	F. and addition (bdwo@bellsouth.net to be used for future annual report no	tiffantian)	F STATE FLORIDA
For further information	e-mail address: (•		A
	bby Don Wooten	at (_954_)	227-6942	
Name	e of Person	Area Code & Dayti	ime Telephone Numbe	er
	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wooten (Name of the Limited Liability Co (A Florida Limi	& Kahn, LLC ompany as it now app ited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on _	January 12, 2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	nere:	
SSB	DW, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Ä	
(Principal office address MUST BE A STREET ADDRES	<u></u>	10 S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	ed office address of	ASSEE F OR DE TO THE NAME OF T	
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	City	, Florida 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 Title . <u>Name</u> **Address** Type of Action MGR Najeeb Kahn 3223 NW 118th Dr. ☐ Add Coral Springs, FL. 33065 Remove MGR Aliya Kahn ☐ Add 3223 NW 118th Dr Coral Springs, FL 33065 ✓ Remove ☐ Add Remove ☐ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 02 2010 Dated Signature of agnember or authorized representative of a member Bobby Don Wooten Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00