L11000008930

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EXAMINER



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08/12/11--01015--008 **25.00

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COVER LETTER

Division of Co	orporations			
SUBJECT:	SSE	Tech L.L.C		
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		1. NO 12 MO:51
Please return all corresp	ondence concerning this matter	to the following:		
				2
		David Hodierne		# G
	,	Name of Person		ن
		SSE Tech L.L.C		
		Firm/Company		
		22440 t adama I m		
		22418 Ladera Ln Address		
		Addiess		
	La	nd O Lakes, FL 34639		
		City/State and Zip Code		
		David@alarmsfl.com to be used for future annual report no		
		·	incation)	
For further information	concerning this matter, please of	all:		
Da	avid Hodierne	àt (813)	230-7282	
	of Person	- Area Code & Dayti	ime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose		Status &

MAILING ADDRESS:

TO:

Registration Section

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**

10 10 12		
	10.5	A STATE OF THE PARTY OF THE PAR

	SSE Tech L.L.C		19 May 1992
(Name of the Limited L	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	- 10.5°
(A1	ionua Elimica Elaonity Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on	1/21/2011	and assigned
Florida document numberL110000089	30		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	ele:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	21/2		
intuing nutress MAT BE AT OST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	the name of the new
registered agent and/or the new registered orno	e address here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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
MGRM	Marty Steinberg	5922 SW 105 St. Pinecrest, FL 33156	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
·····			Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dated	August 1	2011	_
	Signature of a	member or authorized representative of a member	
	5	David Hodierne	
		Typed or printed name of signee	

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Filing Fee: \$25.00