

L11000030017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

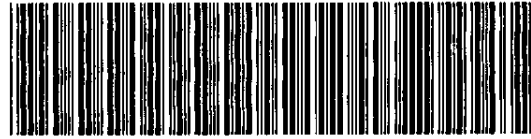
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500210420935

08/02/11--01010--006 **25.00

FILED
2011 AUG -2 AM 10 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
AUG - 3 2011
EXAMINER



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

July 29, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Initium Hospitality LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$25.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

2011 AUG -2 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INITIUM HOSPITALITY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2011 AUG -2 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/11/2011 and assigned
Florida document number L11000030017.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

S Squared Capital Partners, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2435 South Atlantic Ave.

(Principal office address MUST BE A STREET ADDRESS)

Daytona Beach Shores, FL 32118

Enter new mailing address, if applicable:

2435 South Atlantic Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Daytona Beach Shores, FL 32118

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2435 South Atlantic Ave.

Enter Florida street address

Daytona Beach Shores

Florida

32118

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 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:

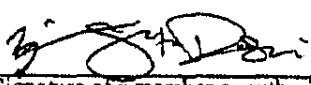
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bimal Bhakta	2435 South Atlantic Ave Daytona Beach Shores, FL 32118	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sneha Desai	657 South Atlantic Avenue Ormond Beach, FL 32176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gautam Desai	2435 South Atlantic Ave Daytona Beach Shores, FL 32118	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011
-2
47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Gautam Desai, Member

Typed or printed name of signee