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(Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Ĉit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	AUG 22 2011
	TVAESS CS



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CAMMINGIA

COVER LETTER

TO: Registration Division of C					
SUBJECT:	SSR I	Holdings, LLC			
		Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Robert Poitras			
		Name of Person			
SSR Holdings, LLC					
		Firm/Company		2011 AUG 19 SEURETAR TALLAHASS	-
	11515 66th St. N.				
		Address		Ū.~	, []
		Largo, FL. 33773		OF STA	C
	•	City/State and Zip Code	.579.	ATE AND	
	rpoi	tras@vicimarketing.com	្រែក្នុង ខេត្ត ក្នុងប្រក	>	
For further information	n concerning this matter, please of	•	aC		
F	Robert Poitras	at (_727_)	480-7457		
Name	e of Person	Area Code & Da	ytime 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 enclosed)	osed) Certified	e of Status &	sed)
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registration Se Division of Co Clifton Buildir	orporations ng e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SSR Hold	dings, LLC			
(<u>Na</u>	ne of the Limited Liability Comp (A Florida Limited	pany as it now appe Liability Company	ars on our records.)		
The Articles of Organization f	or this Limited Liability Compar	ny were filed on	March 14, 2011	and assigned	
Florida document number	L11000030998				
This amendment is submitted	to amend the following:				
A. If amending name, <u>enter</u>	the new name of the limited lia	bility company he	ere:		
The new name must be distingui "L.L.C."	shable and end with the words "Lir	mited Liability Comp	pany," the designation "LL	.C" or the abbrev	iatio
Enter new principal offices a	ddress, if applicable:		Ž	<u> </u>	
(<u>Principal office address MUS</u>	ST BE A STREET ADDRESS)		A		1-
			(A)	<u> </u>	-
Enter new mailing address, i	f applicable:		E FL	3 [
(Mailing address MAY BE A POST OFFICE BOX)				(A)	_
B. If amending the registe registered agent and/or the n	red agent and/or registered (ew registered office address he	office address on ere:	our records, enter the	e name of the	new
Name of New Register	ered Agent:	·			
New Registered Office	ee Address:				
		E	nter Florida street addre	SS	
		City		Florida Zip Code	
		Cuy		Δην Ουαυ	

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 **Title** Name 1 Address Type of Action MGR David Lukrich 7 Casa Way #5 ✓ Add San Francisco, Ca. 94123 Remove ☐ Add Remove _ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 16 2011 Dated Signature of a member or authorized representative of a member Robert Poitras Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00