

L11000071510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

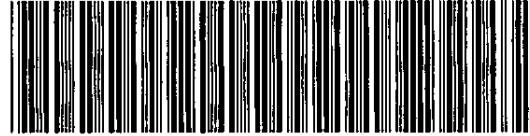
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STATE OF CONNECTICUT
HARTFORD, CT 06103

AUG 05 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SSK MOTORS L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SERGIO ALEXANDAR
Name of Person

SSK MOTORS L.L.C
Firm/Company

4153 57TH ST. N. #607
Address

Kenneth City, FL, 33709
City/State and Zip Code

SSK8FLORIDA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SERGIO ALEXANDAR at _____
Name of Person Area Code Daytime Telephone Number

SERGIO (FIRST NAME)
ALEXANDAR (LAST NAME)

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)
- \$60.00 Filing Fee, Certificate of Status & 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SRDJAN STOJKOVIC	4153 57TH ST. N. 607 KENNETH CITY, FL, 33709	<input type="checkbox"/> Add

Remove

|| FINAL JUDGMENT OF CHANGE OF NAME || Change

MGR	SERGIO ALEXANDAR	4153 57TH ST. N. 607 KENNETH CITY, FL, 33709	<input checked="" type="checkbox"/> Add
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Remove

Change

PLEASE REMOVE SRDJAN STOJKOVIC Add

MY NAME IS CHANGED Remove

MY NEW NAME IS SERGIO ALEXANDAR Change

(FIRST NAME IS): SERGIO Add

(LAST NAME IS): ALEXANDAR Remove

Change

Add

Remove

Change

Add

Remove

Change

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2 43

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

Multiple horizontal lines for amending information, all of which are crossed out with diagonal lines.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to the date of filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUG/01/2015, _____

Alexandar Sergio
Signature of a member or authorized representative of a member

ALEXANDAR SERGIO
Typed or printed name of signee

15
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(FIRST NAME) SERGIO
(LAST NAME) ALEXANDAR