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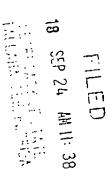
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Certified Copies	Certificate	s of Status
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Office Use Only



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COVER LETTER

TO:		istration Sec ision of Corp							
e110 11	werr.	SSH MOVE							
SUBJI	ECT:	-	Narre	of Limite	ed Liability Compan	<u>,</u>			
			Amendment and fee(s) a						
		·	SAUL SANDO\' .L						
					Name of Perso				_
			SSH MOVERS, 🗈	-C					
					Firm/Company				_
			943 W. TAFT-VI (E	ELAND					
					Address				_
			ORLANDO, FL. 32	?824					
			saul@sshmovers co	om	City/State and Zip	C ode	<u>-</u>		_
			E-mail add	dress: (to	be used for future a	nnual report	t notifica	ition)	
For tu	rther in	nformation co	oncerning this matter, of	ease cal	l:				
SAUL	SAN	DOVAL HE	RNANDEZ		787 at (794-40	10		
		Name of	Person		Area Code	D:	iyuni T	elephone Numb	
Enclos	sed is a	rcheck for th	e following amount:						
≡ \$3	25,00 F	Filing Fee	□ \$30,00 Filing For Certificate of Sta		S55,00 Filing Certified Co- radditional copy	рy		Certifie	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURF 3, ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Ceater Circle Tallahassee, FL 32 501

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears on our rec rida Limited Liability Company)	cords.)
(A Fig	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit lorida document number Lll000086358		and assigned
his amendment is submitted to amend the following	a o	
. If amending name, enter the new name of the l		7.00
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if apolicable:		1
<u>Principal office address MUST BE A STREET AD</u>	<u>DRESS)</u>	<u> </u>
		<u> </u>
nter new mailing address, if applicable:		<u> </u>
Iailing <u>address MAY BE A POST OFFICE BOX</u>		
. If amending the registered agent and/or re		ords, enter the name of the
egistered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida weet ad	
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SSH MOVERS LLC

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 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

Title	Name	Address	Type of Action
MGR.	EDGAR SOTO	2531 DONJAY AVE.	
			= Add
		KISSIMMEE, FLA. 34741-1168	
			□ Remove
			Change
MGR.	DAVID TORRES	2583 EAGLE BLVΓ.	
		(100) N 55 5 A 2474	Add
		KISSIMMEE, FLA. 34740	D. 6
			□ Remove
			· _ <u>co</u> □ Change
			Add Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	filing or more trace 90 days after filing.) Pursuant to 605.02
lote: If the date inserted in this block does not meet the applicable statu	mory filing requirements, this date will not be listed:
ocument's effective date on the Departme of State's records.	
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, et 12:01 a.m. on the earlier
SEPTEMBER 17 2018	
01111	
Sant Smlut Horning	
Signatu e of a member or authorized repr	recent tive of a pember

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00