Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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H130001187413ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173

: (407)298-4646

Fax Number

: (407)297-0588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AN SS THING ENTERPRISE, LLC

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MAY 3 0 2013

J. BRYAN

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FAX AUDT # H130001187413

TO:

Registration Section
Division of Corporations

SUBJECT

An SS Thing Enterprise, LLC

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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Dr., Ste. 6A

Addres

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

,_/407、**298-4646**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 &
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(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

FAX AUDIT # H 13000 1187413

SBRUSA

FAX AUDITH H 13000118 741 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

PAGE LANGE L An SS Thing Enterprise, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited I lorida document number <u>L11000093785</u>	iability Company were filed on	August 16, 2011 and assigned
his amendment is submitted to amend the following	owing:	
. If amending name, enter the new name o	f the limited liability company	<u>, here</u> :
he new name must be distinguishable and end w	th the words "Limited Liability C	ompany," the designation "LLC" or the abbreviatio
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ST ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
I. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		on our records, enter the name of the neuroes USA, Inc.
New Registered Office Address:	1601 Park Center Drive, Ste. 6A Enter Florida street address	
New Registered Office Address.		
	Orlando	, Florida 32835
	City	Zip Code
lew 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

Page 1 of 3

FAX AUDIT # H 13000118 7413

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 Address Type of Retion			
<u>Title</u>	<u>Name</u>	Address	
			_ Add
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add
			Remove

FAX AUDITH H 13000118741 3

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, -		10000000000000000000000000000000000000
Dated May	6 2013	
Tysted	Bui a. K	7011 S. S.
_		authorized representative of a member
ŀ	Kari A. Rom	
_	Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00