# 11000117461

(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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# **COVER LETTER**

ſO:	<b>Registration Section</b>
	Division of Corporations

SSG MANAGEMENT LLC
SUBJECT:

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:

Jennifer Scher

Name of Person

SSG Management LLC

Firm/Company

204 N. Howard Avenue

Address

Tampa, FL 33606

City/State and Zip Code jennifer@ssgmanagementHercom Jenn. Par @ 556-Commerce HC. Com

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

For further information concerning this matter, please call:

 Jennifer@ssgmanagementllc.com
 813
 485-9025

 Name of Person
 at (\_\_\_\_\_)
 \_\_\_\_\_\_

 Name of Person
 Area Code
 Daytime 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) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

1. . .

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SSG MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 31, 2011	_ and assigned
Florida document number L11000117467	

This amendment is submitted to amend the following:

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

SSG COMMERCIAL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	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 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	- <u></u>	<u> </u>	🗆 Add
			🗆 Remove
			🗍 Change
			🗆 Add
			🖸 Remove
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			🗋 Change
			🖸 Add
			🗆 Remove
			🗆 Change

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

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.

July 24	2020	
$\overline{}$	Signature of a member or authorized representative of a member	
Jennifer Scher, Vice	e President	