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Office Use Only



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12/30/11--01003--002 **25.00

B. BOSTICK IJAN - 4 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sussessing 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:			
Michael Nakan Name of Person			
SUSGWNOLLC Firm/Company			
COCOLNE 1954ST #210 Address			
Miami F1 33179			
City/State and Zip Code Michigan Community Code E-mail address: (to be used for future annual report notification)	MLL APPA		15 July 2 July 15 July
For further information concerning this matter, please call:	3 3 31	<u></u>	, 54 1
Mi (Welle Naukeum at (786) 273 5045 Name of Person at (786) 273 5045 Area Code & Daytime Telephone Number	TURIDA	를 등 뜻	u szentze g
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certified	te of Statu		sed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . ___ ._ ._ .

SUSSIMOLLO				
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on 11/17/11	8	and ass	igned
Florida document number <u>L 11 506 130988</u>	<u>}_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w 'L.L.C."	vords "Limited Liability Company," the designation	"LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)			
Enter new mailing address, if applicable:				,
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		the n	ome o	f the acr
egistered agent animor the new registered offset an	wress deve		=. E	
Name of New Registered Agent:			<u>ස</u> ස	41
How Roginsored Office Address:	Function in		*****	jama 1 r
	Enter Fiorida street a	aaress 2011		A
		— ori ≥ zij	D. Christe	<u> </u>

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

I havely zeropt the appointment as registered agent and agree to act in this expacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dittes, and I am familiar with and accept the obligations of my position as registered agent an provided for in Chapter 608, F.S. On, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

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** <u>Name</u> <u>Address</u> Type of Action Carolina Nakaen William ☐ Add Kemove ☐ Add Remove ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 27 2011. Signature of a member or authorized representative of a member Michall Narous Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00