## L11000140048

(Re	questor's Name)	
	•	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	<del>+</del> ++)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Ç	<b>,</b>	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
:		

Office Use Only



000215141530

12/19/11--01046--007 \*\*25.00



D. BRUCE
DEC 2 0 2011
EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section Corporations					
SUBJECT:	SSL of	Pompano FL, LLC				
	Name of Lim	ited Liability Company				
	of Amendment and fee(s) are su	Ū				
Please return all corre	spondence concerning this matte	r to the following:				
•		Wendy M. Chappell				
		Name of Person				
•	. Williams Mullen Clark & Dobbins, PC					
	Firm/Company					
	222 Central Park Avenue, Suite 1700					
	Address					
		Virginia Beach, VA 23462			=======================================	
		City/State and Zip Code			DEC 19	1
		happell@williamsmullen.com to be used for future annual report noti	fication)	Jassi Väy		
For further informatio	n concerning this matter, please of		·	OF STA	PX 12: 2	ED
7	Wendy M. Chappell	at ( 757 )	473-5436	TEA	-	
Nam	e of Person	Area Code & Daytime Telephone Number			_	
Enclosed is a check for	or the following amount:					
<b>≥</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi d) Certi	Filing Fe ficate of S fied Copy tional cop	tatus é	
MA	ILING ADDRESS:	STREET/COUR	IER ADDRESS	S:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSL of Pompano FL, LLC			
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	v appears on our records.)		
(A Florida Elimited Elability Col	mpany)		
The Articles of Organization for this Limited Liability Company were filed	on December 13, 2011 and assigned		
Florida document numberL11000140048			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	any here:		
SSL of Pompano Beach FL, L	LC		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	y Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	(c)		
	CONT.		
Enter new mailing address, if applicable:	me =		
(Mailing address MAY BE A POST OFFICE BOX)	ES 10		
Maning address MAT BE AT OST OTTICE BOXY	AAI C		
<del></del>	On:		
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the new		
registered agent and/or the new registered office address here:	<u> </u>		
	·		
Name of New Registered Agent:			
New Registered Office Address:			
Now Registered Office Address,	Enter Florida street address		
	. 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 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

"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 = Ma $MGRM = N$	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	FILED  11 DEC 19 PHI2: 21  SCOR FAR EF STATE  LLAWASS E. F. ORIGA
Dated	December 16 2	201)	
	$\smile$	er or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		Kroll, authorized representative d or printed name of signee	
	Type	a or printed hante of signee	

Page 2 of 2

Filing Fee: \$25.00