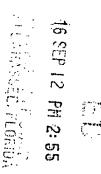
112000087722

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



09/12/16--01020--024 **25.00



SEP 1 4 2016 Y SULKER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SS5X.COM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
arr .		•	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Billy Leon Will	iams	
		Name of Person	
	SS5X.COM I	LLC	
		Firm/Company	
	10380 SW Villa	ge Center Drivr	
		Address	
	STE 222		
		City/State and Zip Code	
	FL_DOR@SS5		<u> </u>
		to be used for future annual report notin	fication)
for further information	concerning this matter, please ca	all:	
Billy Leon W	illiams	772 532-1386	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	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

MAILING ADDRESS:

TO:

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

SS5X.COM LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear nited Liability Company)	rs on our records.)	. ——
The Articles of Organization for this Limited Liability Comp	pany were filed on	07/05/2012	and assigned
lorida document numberL12000087722			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
SS5XDOTCOM LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:			
· · ·			
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>		
•			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		Sec. Se
			34.5 -
	-		Mi- N
3. If amending the registered agent and/or registere	ed office address on	our records, ente	r the name of the
egistered agent and/or the new registered office address		<u></u>	- 100 · ·
			<u>्र</u> ज
Name of New Desistered Access			91
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida _	
	City	, FIOTICA _	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, 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Billy Leon Williams	10380 SW Village Ctr DR	Add
		STE 222	□ Remove
		Port Saint Lucie, FL 34987	(De Change)
			□ Add
	 		
			Remove
			□ Change
			Add
			□ Remove
			□ Change
 			□ Add
	•		Nernove
			□ @ff ange
			
		☐ Remove	
			Change
		·	Add
		·	□ Remove
			□ Change

	If a "Fictitious Name" i.e. DBA Name Can Be Added using this Form,			
	The DBA is: SS5X.COM LLC	· ·		
*****	Note: In contrast to the new corporate name, SS5XDOTCOM LLC, where the "DC)T" 		
	is characters, the DBA name uses the "." instead of letters: SS5X.COM LLC			
				
		,		
			 .	
		<u> </u>		
		712		
		 .1	કું	
		- 0	219	
Fffective	date, if other than the date of filing: (optional)		2 PH	
(If an effecti	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)		nt to 605.0	
	he date inserted in this block does not meet the applicable statutory filing requirements, this date verse effective date on the Department of State's records.	S. HOL	⊕n ⊕n	1 as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	n the	earlie	r of:
Dated	September 06 2016			
	Buch Le W			
	Signature of a member of authorized representative of a member			

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Filing Fee: \$25.00