

L 13 000 0969/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

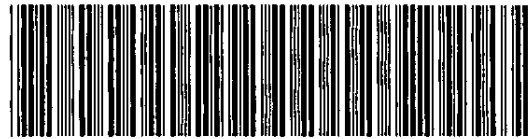
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 23 PM 2:55

AUG 26 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SSR FIRST CLASS SERVICES, 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:

Marcelo Prado

Name of Person

Prado & Associates, LLC

Firm/Company

433 Plaza Real Real Suite 275

Address

Boca Raton, FL 33432

City/State and Zip Code

mp@pradoandassociates.com

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

For further information concerning this matter, please call:

Marcelo Prado

Name of Person

at (**877 214-9986**)

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)

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

SSR FIRST CLASS SERVICES, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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

THE ADDRESS SHALL BE CHANGED TO:

6411 SW 8TH ST

NORTH LAUDEN DALE, FL 33068

Dated

AUGUST 19, 2013

Signature of a member or authorized representative of a member

MARCOLO PRADO

Typed or printed name of signee

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Filing Fee: \$25.00

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