# L13000096918

Office Use Only



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AUG 2 6 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

at (877) 214-9986

Name of Person

Area Code & Daytime Telephone Numbe

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) □S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SSR FIRST CLASS SERVICES, 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 Compar	ny were filed on July 9, 2013	and assigned
Florida document number L13000096918		D.V.S
This amendment is submitted to amend the following:		AUG 23
A. If amending name, enter the new name of the limited lia	ability company here:	PH 2
The new name must be distinguishable and end with the words "Li. "L.L.C."	mited Liability Company," the des	signation "LLC" or the abbreviation
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)	6411 SW 8TH ST NORTH LAUDERDA	LE, FL 33068
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New 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 = Manager MGRM = Managing Member <u>Title</u> **Type of Action** Name <u>Address</u> Remove Remove Remove Remove Remove

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 LAUDENDALE, FL 33068
Dated AVI-US7 1977, 2013.
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00