

L13000148409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

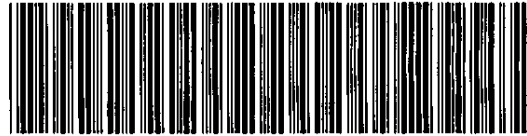
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
ALABAMA

2013 NOV - 6 PM 4:37

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SOSSOLUTIONSGROUP 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:

**Faisal Shafiullah**

Name of Person

**SOSSOLUTIONSGROUP LLC**

Firm/Company

**1413 Wood Violet Drive**

Address

**Orlando, FL 32824**

City/State and Zip Code

**fshafiullah@gmail.com**

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

For further information concerning this matter, please call:

**Faisal Shafiullah**

Name of Person

**305 527-1244**

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

FILED  
2013 MAY -6 PM 1:57  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SOSSOLUTIONSGROUP 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 Company were filed on 10/22/13 and assigned  
Florida document number L13000148409.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMAL, OMAR	2413 Rolling Broak Drive	<input type="checkbox"/> Add
		Orlando, FL	<input checked="" type="checkbox"/> Remove
		32827	
MGRM			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

2013 NOV - 5 PM 4:07  
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
 DATE 11-05-13 BY 60322 UCBAW/STP/ELM/DA

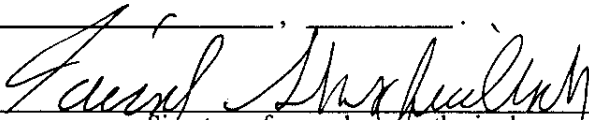
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name change for a MGRM as it was entered incorrectly on the application

Current: Saxton, Sharad

New: Sharad, Saxton

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Faisal Shafiullah

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED  
FEB 14 2013  
FILING OFFICE

2013 FEB -6 PM 4:37

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