LIHOOOQUATURT

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

Office Use Only



300259250063

04/25/14--01031--023 **25.00

B. BOSTICK APR **2 9** 2014

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SS&J PROPERTIES, 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: Kirk T. Bauer, Esquire **Bauer & Associates** Firm/Company P.O. Box 459 Address DeLand, FL 32721-0459 City/State and Zip Code kbauer@delandattomeys.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kirk T. Bauer Name of Person

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	any as it now app Liability Compar	p ears on o u ry)	ır records.)		-	ī.	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	April 10	0, 2014	<u> </u>	and :	assigne	:d
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited lia	bility company	here:					•
The new name must be distinguishable and end with the words "Limited Lia	ability Company,"	the designa	ntion "LLC"	or the abl	previation	n "L.L.C	1 73
Enter new principal offices address, if applicable:	* -			٠	-:	در	
(Principal office address MUST BE A STREET ADDRESS)	`				• .	135	·*
					• ! •	. .	تا
					* .		• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:	•					-1-1	•
(Mailing address MAY BE A POST OFFICE BOX)				·	٠٠.	ξħ	``
THE PARTY OF THE P					1	ارن ارنا	
	,				: -		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		on our	records,	enter t	he nan	ie of t	he n
Name of New Registered Agent:							
•					•		
New Registered Office Address:	Enter	Florida stre	eet address			• • •	
	•		¥-17			• ,	
	City		, Flor	ida	Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent	•		•				•
New Registered Agent's Signature, it changing Registered Agent	<u></u>						vith t

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

-	the Managers or Authorized Member on our reco Member being added or removed from our record	rds, enter the title, name, and address of each Manager or s:
MGR = Mai	anager	

<u> Title</u>	Name	Address	Type of Actio
MGR	Shannon M. Rogers	1892 Joyner Drive	🗖 Add
			Add
		Deltona, FL 32725	Remove
			. •
<u>-</u>			🗖 Add
	·		□ Remove
· · ·			Add
		<u> </u>	Remove
			•
<u></u>			
, ·			☐ Remove
-			Add?
·	. :		CI Remove
	· •		က် က
	•	· · · · · · · · · · · · · · · · · · ·	[J] Add
		· ·	☐ Remove

-				
			· · · · · · · · · · · · · · · · · · ·	
÷ 4, .		, i		· .
	,	•		
tive data if other	er then the date o	of filing:		(ontieral)
fective date must be te this document is	er than the date of specific, cannot be profiled by the Florida De	ior to date of receipt or filed date and opartment of State)	cannot be more	(optional) than 90 days after
fective date must be	specific, cannot be pri	ior to date of receipt or filed date and	cannot be more	(optional) than 90 days after
fective date must be te this document is	specific, cannot be prifiled by the Florida De	ior to date of receipt or filed date and opartment of State)		than 90 days after

Page 3 of 3

Filing Fee: \$25.00

125 P \$ 35