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(Requ <b>e</b> sto	r's Name)
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# **COVER LETTER**

TO:

**Registration Section** 

<i>5</i> 14	ision of Cor	porations		
SUBJECT:	Ssucar US	A LLC		' '
SOBJECT.		Name of Lim	ited Liability Company	<b>15</b>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Maris Cholas		
	Name of Person			<del></del>
		Ssucar USA LLC		
		<del>-</del>	Firm/Company	
		13849 WOODHAVEN CIR	•	
			Address	<del>-</del>
		FORT MYERS FL 33905		
			City/State and Zip Code	
		mariecholas@gmail.com E-mail address: (	to be used for future annual report no	rification)
For further in	nformation c	oncerning this matter, please c	•	
Phil Nash			941 6798	
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:		
× \$25.00 B	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)
Re	iling Addres gistration S	Section	Street Address: Registration Se	ection
Division of Corporations		Division of Co	-	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monro	nanassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ssucar USA LLC		April 1980
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L14000122319	Company were filed on08/04/2014	and assigned
This amendment is submitted to amend the following:		<i>i.</i>
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
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 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>	<u>Name</u>	Address	Type of Action
MGR	PHILIP NASH	264 Melody Lane	
		Palmetto	× Remove
		FL 34221	□Change
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		<del></del>	
			□Change
		<del> </del>	□Remove
			□ Change
			□Add
		<del></del> -	□Remove
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be does not meet the ar	prior to date of filing opplicable statutory t	or more than 90 days a		
ocument's effective date on the Depar	them of state's reco	лus.			
e record specifies a delayed ef The 90th day after the record		: not an effectiv	ve time, at 12:0	1 a.m. on the ear	lier of
20th November	2019	·			
Pated	<del></del> ·				
Pated		Nash			
DatedSign		Nash authorized representa	itive of a member		