

L150000 19488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

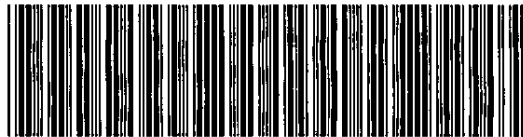
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 28 2016
J. HARRIS

Please find attached form to amend the Articles of Organization for SSFS, LLC, a Florida Limited Liability Company.

My daytime phone number is: 718 730 3682

My return address is: 19434 Black Olive Lane, Boca Raton, FL 33498

Thank you,

Daniel Steinhart

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSFS, 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:

Daniel Steinhart
Name of Person
Steinhart CPA Group, LLC
Firm/Company
19434 Black Olive Lane
Address
Boca Raton, FL 33498
City/State and Zip Code
Steinhartd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Steinhart at (718) 730-3682
Name of Person 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

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

SSFS, 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 January 20, 2015 and assigned Florida document number L15000019488.

This amendment is submitted to amend the following:

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

Steinhart CPA Group, LLC

The new name must be distinguishable and contain 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)

19434 Black Olive Lane
Boca Raton, FL 33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19434 Black Olive Lane
Boca Raton, FL 33498

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:

Daniel Steinhart (same as
previous)

New Registered Office Address:

19434 Black Olive Lane

Enter Florida street address

Boca Raton

City

Florida

33498

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

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If amonding 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaine Steinhart	19434 Black Olive Ln.	☒ Add
		Boca Raton, FL 33498	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 16 2 27 PM '91

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 23, 2016

Signature of a member or authorized representative of a member

Daniel Steinhart
Typed or printed name of signer

Typed or printed name of signee

16 JUL 27 AM 9:51
SEC'D PART OF STATE
TALLAHASSEE, FLORIDA