L150000 30984

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COVER LETTER

10.	Division of Co		1	•
CHD IE/		ORES, LLC		. 4
SUBJEC	J1:	Name of Limite	d Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are submi	itted for filing.	
Please re	eturn all corresp	ondence concerning this matter to	the following:	
		ALVARO J. SALAS LOZAI	DA	
			Name of Person	
		2740 NW 27 AVENUE	Firm/Company	
		2740 NW 27 AVENUE		
		MIAMI, FL 33142	Address	7 T F F
		ANANDB@BELLSOUTH.N		
			be used for future annual report notifi	ication) — — — — — — — — — — — — — — — — — — —
For furth	ner information	concerning this matter, please call.		
ANDY BHANSALI			305 725-8375 at ()	
	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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SS&S STORES, 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 FEBRUARY 19, 2015 and assigned Florida document number ______L15000030984 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 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code City 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.

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If Changing Registered Agent, Signature of New Registered Agent

MGR = N	lanager Authorized Member		
Title	Name	Address	Type of Action
	OSCAR F. SILVA	2740 NW 27 AVENUE	1,000710101
M 		MIAMI, FL 33142	
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			Add
			□ Remove
			Change
			Add
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	the date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.0	
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Filing Fee: \$25.00