L15000160887

(Re	questor's Name)	
(Ad	idress)	<u> </u>
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(Cit	ry/State/Zip/Phon	e #)
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Certified Copies	_ Certificate	s of Status
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OCT 20 2015 J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSD EXECUTOR, LLC.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 09/22/2015 Torida document number L15000160887		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2015 17A1
(Principal office address MUST BE A STREET ADDRESS)		SS 9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		23
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	ere:	
	Enter Florida street addres.	
	, Flo	orida 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 a mending 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	DEI CAS, GUSTAVO	7802 KINGSPOINTE PARKWAY	Add	
		ORLANDO, FL 32819	■ Remove	
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D. If amend	ling any other inform	nation, enter ch	nange(s) here: (A	lttach additional sh	eets, if necessa	ry.)	
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Note: If documen	e date, if other than the date is listed, the date in the date in serted in this t's effective date on the	block does not m Department of S ed effective d	neet the applicable tate's records.	statutory filing requi	rements, this dat	e will not be lis	ted as the
(b) The 9	Oth day after the re	ecord is filed.					
Dated	CTOBER 14	,	2015			22 FA 5	
		Signature of a n	nombor or authorizac	representative of a me	umbar	2015 OCT	exercis.
	GUSTAVO DEI-CA		and the first of authorized	representative of a me		1355	Trans.
			Typed or printed na	ne of signee		PM 12: 2	e Ti
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Filing Fee: \$25.00