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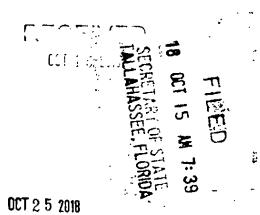
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
DSSF, LL	С			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Diana Swihart			
	DSSF, LLC	Name of Person		
		Firm/Company	-	
	3307 Summit Lane	, . ,		T SEC
	Lakeland/Florida 33810	Address		FICT 15 A
	dvswihart@aol.com	City/State and Zip Code		PLOS THE
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report notificall:	ration)	39
Diana Swihart		863 255-8000		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSSF, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000027698	Company were filed on December 22, 2015	and assigned
This amendment is submitted to amend the following:		
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	abbasserion & L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	- SS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D 7: 39
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		r the name of the no
Name of New Registered Agent:		_ _
New Registered Office Address:	Enter Florida street address	
	, Florida,	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>	Name	Address	Type of Action
AMBR	Solimar Figueroa	8700 SW 183 Terrace, Palmetto Bay, Florida 33157	Add
			Remove
			Change
			□ Add
		-	Remove
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ffective date, if other than than than effective date is listed, the date in	ne date of filing:	be prior to date o	f filing or more that	(option	al)	-05 0207
ote: If the date inserted in this ocument's effective date on the	block does not meet the	applicable sta				
e record specifies a delaye The 90th day after the re		out not an e	ffective time,	at 12:01 a.r	n. on the ear	rlier of
October 4	2018					
<i>a</i> ·	Signature of a member					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00