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ALL AHASSET FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	S3S INTE	RNATIONAL BUSINESS LL	C		
		Name of Lin	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	·	RUBEN D. TORO			
			Name of Person		
		RUJBEN TORO P.A.		_	
			Firm/Company	_	
7901 KINGSPOINTE PKWY STE. 31					
			Address		
		ORLANDO FL 32819			
			City/State and Zip Code		
		rubentorocpa@hotmail.com			
			to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please co	all:		
Ruben	n D. Toro		407 370-6445		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	5.00 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

S3S INTERNATIONAL BUSINESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Conda Entarca Entarity Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{097}{2}$. Florida document number $\frac{1.16000183018}{2}$.	30/2016	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation="AAC" or the a	ıbbreviation "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 registered agent and/or the new registered office address here: Name of New Registered Agent:		name 17 OCT 16 SEGRETARY	of the new
	da street address Florida	AN 7: 4	
City	TO A	⊃r—Zip ©l de >	
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
AMBR	BRUNO SANCHES MATIAS MA	7350 FUTURES DR. #9	Add
		ORLANDO FL 32819	-
		<u> </u>	☐ Change
<u>-</u>			
			Remove
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Filing Fee: \$25.00