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SECRETARY OF STATE
TALLAHYSSEE, FLORIDA

D. SCOTT MAR 2 7 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.S.S. DAVIS, LLC		
(Name of the Limit	ded Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L16000230435	iability Company were filed on 12/21/2016	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	- <u> </u>
Enter new mailing address, if applicable:	SPD 03/21/17	
(Mailing address MAY BEA POST OFFICE	BOX)	
B. If amending the registered agent and	or registered office address on our records, g	nter the name of the new
registered agent and/or the new registered of		STEP P
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	500 v3 [21] 7 Enter Florida street address	5 5 S
	, Floric	
	City	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>	<u>Name</u>	Address	Type of Action
	Artishea Davis	1124 Carl Ave	Add
		Lehigh Acres, FL 33971	■ Remove
			☐ Change
AMBR	Shawn Davis	1124 Carl Ave	■ Add
		Lehigh Acres, FL 33971	☐ Remove
		Change	
<u></u>			□ Add
			Remove
			SET Change
			AND AND INC.
			Change
	·—,		Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an ef lote:	certive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	03/21/17
	hh:
	
	Signature of a member or authorized representative of a member

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