## U700018909

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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STON WAS AND STANK

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## 7/29/2017

To whom this may concern on this envelope you will find an Amendment form, the check for \$30 and the LTR 147C proving the changes.

This is a rush as we have to show these updates in the Sunbiz website so our bank can open an account for this LLC. Once this account is opened the title company will be able to do a wire transfer for the sale of a property.

If you have any questions please call me at any time to this number: 813-453-6255

Thank you for your attention,

Sandra Swartz

0433571990

LTR 147C

In reply refer to:

Jul 28, 2017

82-1883345



Department of the Treasury Internal Revenue Service Ogden, UT 84201

SSGG LLC

canalled OBA. -SSGG

% SANDRA LOURDES SWARTZ MBR 1007 W POWHATAN AVE TAMPA FL 33603-1216 078

Taxpayer Identification Number: 82-1883345

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of July 28th, 2017.

Your Employer Identification Number (EIN) is 82-1883345. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-4933 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

L Schroeder 1000144905 Customer Service Representative TO: Registration Section Division of Corporations

Amendm SUBJECT:	ent for SSGG LLC		i I		
	Name of Lim	ited Liability Compa	iny		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing			
		-			
Please return all corres	pondence concerning this matter	to the following:			
	Sandra L. Swartz				
		Name of Per	soh	-	
	SSGG LLC				
		Firm/Compa	iny		
	1007 W. Powhatan Ave				
		Address		<del></del>	
	Tampa, Florida 33603				
		City/State and Zi	p Code	<u> </u>	
	sandyswartz12@gmail.com				
	E-mail address: (	to be used for future	annual report notifi	ication)	
For further information	concerning this matter, please ca	all:			
Sandra L. Swartz		813 at (	453-6255		
Name	of Person	Area Co	de Daytime	Telephone Number	
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filin Certified C		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy	
		(Madrix IIII C.		(additional copy is enclosed)	
MAI	ILING ADDRESS:	S	-    TREET/COURH	ER ADDRESS:	
Regi	stration Section		Registration Section		
	sion of Corporations Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		20	661 Executive Cer		
			allahassee, FL 32.	104	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SSOGLEC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1/27/2017 and assigned
Florida document number <u>Li7000018909</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SSGG LLC (note that the change is a space between SSGG and LLC)	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	1007 W. Powhatan Ave
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33603
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	Tampa, Florida 33603  Tice address on our records, enter the name of the new
New Registered Office Address:	Emer Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	nerformance of my duties, and I am familiar with and

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 Type of Action Address Title Name 1007 W. Powhatan Ave, Tampa, Flo Sandra L. Swartz MGR □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove Change \_□ Add □ Remove ☐ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove

\_□ Change

f amending any other information, enter change(s) here: $m{\ell}$	Anden daannaa sheets, if necessary.)
<del></del>	
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	17 N. C.
	100 Published
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	(c. ali. m. b)
Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to d  Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) ale of filing or more than 90 days after filing.) Pursuant to 605.0207 estatutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of
7/29/2017	 
Dated	
Signature of a member or authorize	al consequentation of a complete

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00