L17000042273

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF SIATIONS OIVISION OF CORPORATIONS

N. CAUSSEAUX JUN 1 4 2017

COVER LETTER

TO: Registration S Division of Co							
SSP401, L SUBJECT:	LC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Chris Mellgren						
	<u>- · · · · · · · · · · · · · · · · · · ·</u>	Name of Person					
	SSP166, LLC						
		Firm/Company	 -				
	3250 NE 1st Ave., Suite 2	05					
		Address					
	Miami, FL 33137						
		City/State and Zip Code					
	jennifer@surfsidemgmt.cor						
		to be used for future annual report notif	ication)				
For further information of	concerning this matter, please co	all:					
Jennifer Burns		973 435-0183					
Name (of Person	at () Area Code Daytime	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)	□ \$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

SSP401, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/22/2017	and assigned
Florida document number L17000042273		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SSP166, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		201 SE
		CRETA ION OF
		115- 71
Enter new mailing address, if applicable:		- 2 SYEE
Mailing address MAY BE A POST OFFICE BOX)		P P OS
		8 AA 38 G
		70
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, g	enter the name of the no
	- .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
<u></u>	Flori	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
			OF RECEPT AND
			
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			© Banovasi
			□ Change
			Add
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			Change.

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signature of a member or authorized representative of a member			Mo Hb		

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Typed or printed name of signee

Filing Fee: \$25.00