

# L7MD051382

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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY -3 PM 1:44

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K. SALY  
MAY -5 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VSSK·LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOLOMON KOWLESSAR  
Name of Person

VSSK·LLC  
Firm/Company

1175 CHERYL DRIVE  
Address

KISSIMEE FL 34759  
City/State and Zip Code

SOLOMON@VSSK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLOMON KOWLESSAR at (305) 525-2613  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

**FILED**  
2017 MAY -3 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VSSK, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/06/2017 and assigned Florida document number L17000051382.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

VSSK INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

1175 CHERVIL DRIVE

KISSZMEE FL 34759

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1175 CHERVIL DRIVE

KISSZMEE FL 34759

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SOLOMON KOWLESSAR

New Registered Office Address:

1175 CHERVIL DRIVE

Enter Florida street address

KISSZMEE

City

, Florida 34759

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.*

Solomon Kowlessar

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Solomon Kowlessar	1175 CHERYL DRIVE	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VALARIE KOWLESSAR	1175 CHERYL DRIVE	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SASHA KOWLESSAR	1175 CHERYL DRIVE	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Salomon Kowlesson

Signature of a member or authorized representative of a member

Solomon Kowlessar

Typed or printed name of signee