L17000054628

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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May 5, 2017

VOLTAIRE FLORES 11494 WALDEN LOOP PARRISH, FL 34219

SUBJECT: SSM POOL CARE, LLC

Ref. Number: L17000054628

We have received your document for SSM POOL CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000009058 SSM ENTERPRISES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00008966



April 20, 2017

VOLTAIRE FLORES 11494 WALDEN LOOP PARRISH, FL 34219

SUBJECT: SSM POOL CARE, LLC

Ref. Number: L17000054628

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000129338 SSM VENTURES, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00007735



April 10, 2017

VOLTAIRE FLORES 11494 WALDEN LOOP PARRISH, FL 34219

SUBJECT: SSM POOL CARE, LLC

Ref. Number: L17000054628

We have received your document for SSM POOL CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 917A00006898

COVER LETTER

ГО:	Registration Section Division of Corpor			
SUBJE	CCT:	SSM Poo	ol Cave LLC ited Liability Company	
The end	closed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Volt	aire Flores Name of Person	
			Firm/Company	
		114	94 WALDEN LOOP Address	
			FLORIDA	
	_	V	City/State and Zip Code FLDQES 9705. @ Code to be used for future annual report notified.	MAIL COM
For furt	ther information conc	erning this matter, please ca	-	neation)
٧٤	DITAIRE FLOR	ES	at (727) 415 Area Code Daytime	- 3737
	Name of Pe	rson	Area Code Daytime	e Telephone Number
Enclose	ed is a check for the fo	ollowing amount:		
\$25	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 ÁMENDMENT TO ARTICLES OF ORGANIZATION OF

SSM POOL	CARELL	C
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Companification for the Limited Liability Companification of the Lindson of the Linds	ny were filed on <u>03</u>	09/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia VTSSM ENTERPH The new name must be distinguishable and contain the words "Limited Lial"	ses, uc	ation "LLC" or the abbreviation "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 registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	
	City	, Florida 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

Title Name Address Type of Action

Add

Remove

Change

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Effective date, if other than the date of an effective date is listed, the date must be spec	f filing:		(optional)	D
Note: If the date inserted in this block doe locument's effective date on the Department.	es not meet the appl	icable statutory filing	requirements, this date	will not be listed as
e record specifies a delayed effec The 90th day after the record is		not an effective tir	ne, at 12:01 a.m. (on the earlier of
Dated! 4/17/2017	2015	1		
		i		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00