H17000184537

9/27/2018 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SSMM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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JLS 9-28-18

FAX COVER SHEET

TO	SUNBIZ LLC
COMPANY	FL DEPT OF STATE - DIVISION OF CORPORATIONS
FAX NUMBER	18506176383
FROM	Mike Natarus
DATE	2018-09-27 17:20:58 GMT
RE	SSMM LLC - AMENDMENT

COVER MESSAGE

SSMM LLC - AMENDMENT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSMM 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 08/29/2017 and assigned Florida document number L17000184537.

This amendment is submitted to amend the following:

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

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)

591 HONEYSUCKLE LN
WESTON, FL 33327

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:
Enter Florida street address

City, Florida *Zip*

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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

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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
AMBR	GIACHINO, ANGELA M	12010 Hialeah Gardens Blvd Suite 4 Hialeah Gardens, FL 33018	☐ Add ■ Remove ☐ Change
AMBR	D'AMORE, SILVIO	12010 Hialeah Gardens Blvd Suite 4 Hialeah Gardens, FL 33018	☐ Add ■ Remove ☐ Change
AMBR	BOLLADA, SILVIA G	12010 Hialeah Gardens Blvd Suite 4 Hialeah Gardens, FL 33018	☐ Add ■ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER, 21ST, 2018.

Signature of a member or authorized representative of a member

MARCO PERRETA
Typed or printed name of signee

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