## L18666 26525

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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	GROUP SSS	d Liability Company	
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter to	the following:	
	Benet	Name of Person	ne
	GROU	P SSS , (	LC_
	10608	Key Stone	e Ct
	Welling	City/State and Zio Code	33414
	Betienne E-mail address: (to	be used for future annual rep	
For further information of	concerning this matter, please cal	H:	
Benet E	Etienre of Person	at (SCV) 25 Area Code	31-01 8 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 enclose	Certificate of Status &  Certified Copy (additional copy is enclosed)
Regist Divisi P.O. F	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	Registration Division of Clifton Bui	Corporations Iding nive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GRAUP SSS	s, LLC
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	1 1.6
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	78 FALE
(Principal office address MUST BE A STREET ADDRESS)	TEB AH
Trincipal infice marcas 1100 r 11211 0 11221	A A S R
D. W. Adams if and inches	P# 7
Enter new mailing address, if applicable:	- 27A
(Mailing address MAY BE A POST OFFICE BOX)	, o
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	net Etienne
New Registered Office Address: 106 0	8 VeyStone et Enter Florida street address
Wei	Rogital Florida FL 33414 Cap Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Name</u> Title 10608 Keystone Ct MADD Renet Etienne Wellington, FL 33414 - Remove ☐ Change DERLINE Pience-Louis 10608 Keystone St 0 Add Wellingtow, FL 33414 PD Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ective date, if other a reffective date is listed te: If the date insert cument's effective date.	, the date must be spec ed in this block doe:	s not meet the app	licable statutory	or more than 90 day	(optional) rs after filing.) Pursua ts, this date will not	nt to 605.0207 (3 be listed as th
record specifies he 90th day afto	a delayed effecter the record is	tive date, but filed.	not an effectiv	ve time, at 12	:01 a.m. on the	earlier of:
ed Februa	ey 6th	201	<u>5</u> .			
$\Omega$	V 101	re of a member or a	uhorized representa	ative of a member		
Den	- · Signatu		` <b>'  </b>			

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Filing Fee: \$25.00