

L18000 102920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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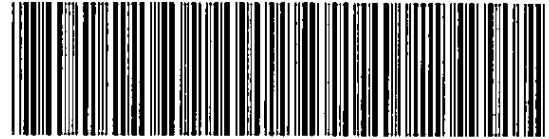
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida (Seal)

AUG 13 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.S.S. Holdings NE Florida LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Rebecca Vargo
Name of Person

Business Control Service Inc
Firm/Company

3925 S. Nova Rd
Address

POA Orange, FL 32127
City/State and Zip Code

→ SSTEBLETON@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Vargo at (386) 760-5454
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

SSS Holdings NE Florida 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 04/24/18 and assigned
Florida document number L18000102920

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)

1010 S. Nova Rd
Ormond Beach, FL
32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1010 S. Nova Rd
Ormond Beach, FL
32174

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:

B. Scott Stebbins

New Registered Office Address:

1010 S. Nova Rd
Enter Florida street address
Ormond Beach, Florida 32174
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.

X B. Scott Stebbins
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	Shonda Stebleton	1016 Shackney Dr	<input type="checkbox"/> Add
		Ormond Beach, FL	<input checked="" type="checkbox"/> Remove
		32174	<input type="checkbox"/> Change
MGR	B. Scott Stebleton	1010 S. Nova Rd	<input type="checkbox"/> Add
		Ormond Beach, FL	<input type="checkbox"/> Remove
		32174	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> 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: 07/31/19 (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.

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

Dated

July 31st 2019

Dated July 31st, 2019.

+ B Scott Helich
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

B. Scott Stebleton

Typed or printed name of signee