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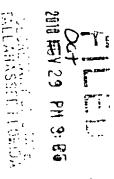
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COVER LETTER

	tion Section of Corporations
	GROUP LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	SARA SANDOVAL
	Name of Person SSC GROUP LLC
	Firm/Company 2321 FLAMINGO DRIVE
	Address KISSIMMEE FL 34743
	City/State and Zip Code
	Sara @ SSC Flac · Com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
SARA SANDOV	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following attours.
☐ \$25.00 Filing	Fee \$30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

SSC GROUP LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on <u>5/10/2018</u>	and assigned			
Florida document number $\frac{1.18000117496}{}$.					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	9652 LUPINE AV				
(Principal office address MUST BE A STREET ADDRESS)	(SS) ORLANDO FL 32824				
		 			
Enter new mailing address, if applicable:	2321 FLAMINGO ŁAKES AVE				
Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE FL 34743				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the mass of the			
Name of New Registered Agent:		23			
New Registered Office Address:	Enter Florida street address	7 4			
	Enter Florida street address	(C) (C)			
	City 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.

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

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t Dated _	10/26/2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00