

218 000 197871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

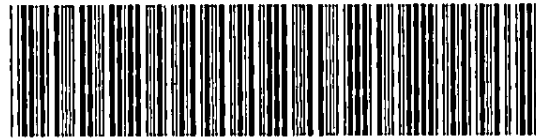
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500319223675

10/16/18--01030--021 \*\*25.00

RECEIVED

OCT 15 2018

OCT 25 2018  
S. YOUNG

FILED  
18 OCT 15 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SSG Trucking LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Heideidys Suris  
Name of Person

SSG Trucking LLC  
Firm/Company

5147 Hoffman Ave  
Address

Orlando, FL 32812  
City/State and Zip Code

heideysuris97@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heideidys Suris at (407) 692-2339  
Name of Person Area Code Daytime Telephone Number

FILED  
18 OCT 15 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

SSG Trucking 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 8/17/2018 and assigned Florida document number L18000197871.

This amendment is submitted to amend the following:

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

N/A

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)

5147 Hoffman Ave  
Orlando, FL 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED  
OCT 15 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Suleidy S. Luis

New Registered Office Address:

5147 Hoffman Ave  
Enter Florida street address

Orlando, Florida 32812  
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 [Signature]  
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
MGR	Luleidy's Luis	5147 Hoffer Ave	<input type="checkbox"/> Add
		Orlando, FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Luleidy's Luis	5147 Hoffer Ave	<input checked="" type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 OCT 15 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

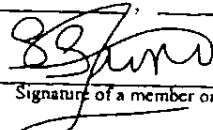
N/A

E. Effective date, if other than the date of filing: 10/5/18 (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 10/5/18



Signature of a member or authorized representative of a member

Auleidys Davis  
Typed or printed name of signee

FILED  
18 OCT 15 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA