## L18000201392

(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

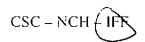


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OCT 1 6 2018

OCT 2 7 2018 S. YOUNG 18 OCT 16 PN 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORID



TO:

PHYSICAL: Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Monday, October 01, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For <u>SUSSMANN GROUP, LLC</u>

We have included payment in the amount of \$25 for the following fees:

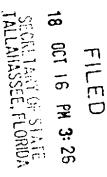
Amendment

We have included one original

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of the Articles to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502



## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: SUSSM	MANN GROUP, LLC		
		ited Liability Company	
	of Amendment and fee(s) are sub	-	
r lease return an corres	spondence concerning this matter	to the following.	
	Processing Departme	nt	
		Name of Person	F SECRE ALLAF
		Firm/Company	CT 16 PM CT 16 PM CT 16 PM CT 16 PM
	5605 Riggins Court	Suite 200	
		Address	PH 3: 26 PH 3: 26 FLORIDA
	Reno, NV 89502		₽· o
		City/State and Zip Code	
	docs@incauthority.com		<del></del>
For further informatio	n concerning this matter, please e	to be used for future annual report notif all:	ication)
Processing Depart	tment	at ( 800 ) 638-2320	
	ic of Person	Area Code Daytime	Lelephone Number
Enclosed is a check to	r 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)
Reg Divi P.O	HANG ADDRESS; istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

SSMANN GROUP, LLC		
ility Company as it now appe; da Limited Liability Company)	irs on our records.)	
Company were filed on _	08/22/18	and assigned
mited liability company h	nere:	
imited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
		<u></u> ∑∽ <b></b>
ORESS)		
		TILED TIG PN 3: 26 LANY OF STATE ASSEE, FLORIDA
istered office address o ldress here:	n our records, <u>e</u>	nter the name of the new
		<del></del>
Enter Fl	orida street address	
ciner i a		
Спу	, Florid	la Zip Code
	da Limited Liability Company)  Company were filed on  mited liability company from the Liability Company." the  DRESS)  istered office address of dress here:	da Limited Liability Company)  Company were filed on

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

<u>Title</u>	Name	Address	Type of Action
MGR	Sonya Sussmann	811 SW 14TH AVE	
		CAPE CORAL, FL 33991	☑ Remove
			☐ Change
MGR	Edgardo Sussmann	811 SW 14TH AVE	
		CAPE CORAL, FL 33991	⊡ Remove
			Change
			<u>A</u> EAd <b>&amp;</b>
			OCTOR DE LA
			CELOCHARA DO CHARACTOR DO CHARA
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		·	Add
			Remove
			☐ Change

D. It amending any other information, enter change(s) here: (Attach Ackittonia sneets, if necessary).		
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	<u> </u>	26
E. Effective date, if other than the date of filing:  (It 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 (I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Pursuant to c05 C ill not be fisted	)207 (3%b) I as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b). The 90th day after the record is filed.	n the earliei	r of:
Dated October 1, 2018		
Signature of a member or anti-prized representative of a member	<del></del>	
Oscar Sussmann		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00