## 4900 104720

(R	Requestor's Name)
<u> </u>	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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R. WHATE.
APR 1 4 2020

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: 2 SSS LLC	
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Mich	ASL FRANZINO  Name of Person
	0 ZSSS LLC
	Firm/Company
2004	11 S. TAMIAMI TEL #19
	Addies
ESTE	ELO FL 33928 City/State and Zip Code
E-mail addres	SWFL@GMA1L.COM s: (to be used for future annual report notification)
For further information concerning this matter, please	
MICHAEL FRANZINO Name of Person	at (Z39) 948-9466 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

	ZLZ37
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>V19600134003</u>	were filed on APCIL 29, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200402 COMPARION
Principal office address MUST BE A STREET ADDRESS)	ZINO 20041 S. JAMIANII TEL #19 ESTERO, FL 33928
Inter new mailing address, if applicable:	2100
Mailing address MAY BE A POST OFFICE BOX)	20041 S. TAMVAMI TEL #19 ESTERO, FL 33928
d. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Z0091	S. TAMIAMI TEC # 19 Enter Florida street address
ESTEA	20, Florida33928
	City Zip Code

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>	<u>Name</u>	Address	Type of Action
			□ Add
		<del></del>	□Remove
			□Add
	<del></del>	□Remove	
			□Change
			□Remove
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(If an eff	(optional) ective date, if other than the date of filing:
he recor	d 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 led.
Dated	MARCH 25TH, 2020.
	MF7mo
	Signature of a member or authorized representative of a member
	MICHAEL FRANZINO Typed or printed name of signee