120 000 226 955

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State / Ziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(200
Cartificat Conics Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700378141037

12/17/21--01008--004 ++30.00



A. BUTLER
JAN - 4 2022

COVER LETTER

TO: Registration So Division of Cor				
	DOM TRANSPORTATION I	.LC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SOMAY SARRIA			
		Name of Person		
	SSG KINGDOM TRANS	PORTATION LLC		
		Firm/Company		
	205 SCHOOLSIDE DR #	A		
		Address		
	LEHIGH ACRES FLORI	DA 33936		
		City/State and Zip Code		
		DRTATIONLLC@GMAIL.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
SOMAY SARRIA		239 244-5545 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Addres Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee.	r に 323 [4	2415 N. MONTO	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SSG KINGDOM TRANSPORTATION LLC

2021 DEC 17 AN 5-16
ecords.)
្ត ្តិវិទី
and assigned
and assigned
"LLC" or the abbreviation "L.L.C."
A LEHIGH ACRES FL 33936
A LEHIGH ACRES FL 33936

Zip Code

(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 Comparing L20000226855	ny were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	205 SCHOOLSIDE DR #A LEHIGH ACRES FL 33936			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	205 SCHOOLSIDE DR #A LEHIGH ACRES FL 33936			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registere</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			

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.

Cinv

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>	Type of Action
MGR	AMBR.YELEIDY	211 E PENN RD LEHIGH ACRES FL 33936	□Add
			≣ Remove
			□Change
AMBR	SOMAY SARRIA	205 SCHOOLSIDE DR #A LEHIGH ACRES FL :	
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			Remove
			□ Change

•	
•	
	<u></u>
Effec	tive date, if other than the date of filing: (optional)
Note	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco	ord 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 filed.
	12 DAY OF NOVEMBER 2021
Date	
	Signature of a member or authorized representative of a member
	YELEIDY COLLADO (AMBR) MGR

Filing Fee: \$25.00