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(Requestor's Name)
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ALLAHASSEE, FLORIDA

AUG 2 3 2022 S. PRATHER TITO

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE		EMENTS LLC	•	•	
SOBOL	· · ·	Name of Lim	ited Liability Company	-	
		amendment and fee(s) are sub	_		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		Sharanjit Singh			
			Name of Person		
		SSB Amusements LLC			
		-	Firm/Company		
		125 E Pine St, Apt 1915			
			Address		· · · · · · · · · · · · · · · · · · ·
		Orlando, Florida 32801			
		ssbsoftwarellc@gmail.com	City/State and Zip Code	· - ·	
		~-	to be used for future annual	report notification)	
For furtl	her information co	ncerning this matter, please ca	all:		
Sharanjit Singh			46658		
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclose	d is a check for the	e following amount:			
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	i	Street A	ddress:	

Registration Section
Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSB AMUSEMENTS LLC		2
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our record a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 08/18/2020	and assigned
Florida document number L20000253267	<u>_</u> .	\$ ⊘
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
SSB Software Technologies LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address if applicables		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	<u> </u>
	, Fic	orida
	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 R	egistered Age	nt. Signature	of New Regis	stered 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
Title Name			□ Add
		□Remove	
			□Change
			□ Add
			□ Remove
		 ····	□Change
			□Add
			□ Remove
			□Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

If amending	g any other information,	enter change(s) he	re: (Attach additio	onal sheets, if neces	ssary.)	
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If an effective of Note: If the	ate, if other than the date date is listed, the date must be specified attempted in this block due effective date on the Department	pecific and cannot be pridoes not meet the appl	licable statutory filing		filing.) Pursuant to 60	
e record spec rd is filed.	cifies a delayed effective date	:, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day aft	er the
Dated	1st of June	<u> </u>	<u>) </u>		Ŧ. <u> </u>	<u> </u>
	Shaei	2020.	\ ,		LLAH LLAH	MA 8-MIN 6600
-	Sign	ature of a member or aut	thorized representative	of a member	F (2)	N - 8 - Pt
		SHARANJI	_		131-4	. .