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COVER LETTER

	ion Section of Corporations	
SUBJECT:	SSM Investment Club LLC	
SUBJECT	Name of Limited Liability Company	
The enclosed Art	les of Amendment and fee(s) are submitted for filing.	
Please return all o	rrespondence concerning this matter to the following:	
	Bryce Simes Name of Person	
	YSSM Investment Pertners LLC Finny Company	
	929 Ironidge Court Address	
	00000	28
	Orange Park FL 32065 City/State and Zip Code	71 EEE - 8
		7 k; 1
	YSSminvestment Clo @protonnail.com E-mail address: (to be used for future annual report notification)	
For further infor	ation concerning this matter, please call;	
Bryce	Simes at (904) 504-8897 . Name of Person Area Code Daytime Telephone Number	<u></u>
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	k for the following amount:	
▼ \$25.00 Filin	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &
	Address: Street Address:	
_	tion Section Registration Section	
	n of Corporations x 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSSM Investment Club LL		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec iability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000394087</u> .	were filed on <u>12/17/</u>	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	-	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
		3
Enter new mailing address, if applicable:	N(A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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 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
			□Remove
			□Change
			□Add
			☐Remove
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ctive date, if other than the date of filing:	(optional)
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or m If the date inserted in this block does not meet the applicable statutory filing.	ore than 90 days after filing.) Pursuant to 605
ment's effective date on the Department of State's records.	g requirements, this date will not be his
ecord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earli
e 90th day after the record is filed.	
1 November 6th 2027	
d November 6th, 2023	
Si di angli	of a morehan
Signature of a member or authorized representative	of a memoer