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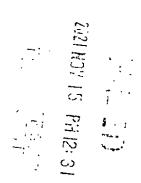
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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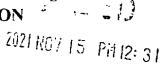
COVER LETTER

TO: Registration Se Division of Cor			
SS DISPAT	TCH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paulo Sergio de Souza JR		
		Name of Person	
	SS DISPATCH LLC		
		Firm/Company	
	5657 New independence P	kwy	
		Address	 _
	Winter Garden FL, 34787		
	 	City/State and Zip Code	
	ssdispatch.contact@gmail.c		
		to be used for future annual report notific	cabon)
For further information c	oncerning this matter, please co	all:	
PAULO DE SOUZA		772 2401144 at()	
Name o	d Person	Area Code Daytime	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 Address Registration		Street Address: Registration Sect	tion
Division of C		Division of Corp	

Registration Section
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 ARTICLES OF ORGANIZATION **OF**



SS DISPATCH LLC

company has been notified in writing of this change.

(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 Company	were filed on 05/21/2021	and assigned
Florida document number 1.21000238260		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
- w w		
Enter new mailing address, if applicable:		- 1.
(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:	nddress on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Nett Negistered Office Nations.	Enter Florida street address	
	Flor	ida Zip Code
	Cin	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KETHELLYN CORREA DOS SANTOS	5657 new independence pkwy, winter garden, FL 3	478]- ≣ Add
			🗆 Remove
			□Change
			\[\] \\ \dd
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ective date, if other than the date of file effective date is listed, the date must be specific te: If the date inserted in this block does not turnent's effective date on the Department of	ot meet the applicabl	date of filing or more than e statutory filing requi	(optional) 190 days after filing.) Pursua rements, this date will no	unt to 605,020 of be listed as
ecord specifies a delayed effective date, but is filed.	not an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
ted	2021			
		Luya Jr ed representative of a m		

Typed or printed name of signee