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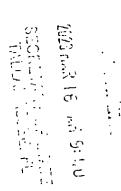
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(City)	/State/Zip/Phone	e #)
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Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: SS DISPA	ATCH LLC		
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	Paulo de Souza		
		Name of Person	
	SS DISPATCH LLC		
	0.0000000000000000000000000000000000000	Firm/Company	
	709 Marsh reed Dr		<i>S</i> 20
		Address	
	Winter Garden, FL 34787	•	STONE 16
	White Garden, 1 L 54767	City/State and Zip Code	
	campdsouza@gmail.com	·	3.3
For further information	E-mail address: concerning this matter, please c	(to be used for future annual report notical);	fication)
Paulo de Souza		at ( 772 ) 2401144	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Sec	ction
Division of (		Division of Cor	
P.O. Box 633		The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

12 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SS DISPATCH LLC

(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 L21000238260

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
		_, Florida
New Registered Office Address:	Enter Florida street d	uddress
Name of New Registered Agent:		

## 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 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
AMBR	Paulo de Souza	709 Marsh Reed Dr	□Add
		Winter Garden, FL 34787	Remove
			□Change
			□Add
			Remove
			Change
			S Badd
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ffective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)	
Note: If the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.07 Hing requirements, this date will not be listed	1207 (3 Las th
locument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 and d is filed.	m. on the earlier of: (b) The 90th day after the	ihe
Dated March 2nd 2023		
Signature of a member or Apthorized representati	tive of a member	

Filing Fee: \$25.00