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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	SS Calo Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Flavio	Sternande Name of Person	2
		Firm/Company	
	<u> </u>	W BI Place	
	Miami		<u> </u>
	E-mail address: (i	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	Lication)
For further information co	ncerning this matter, please ca	all:	
Flavia Name of	ter randor Person	at (786 Daytime	- 7636 Telephone Number
Enclosed is a check for the	e following amount:		
\$2\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Corr	

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

SSS Cabl	e L.C	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears or orda Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili		and assigned
This amendment is submitted to amend the followin	g:	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AI	DDRESS)	
		*13 *15
Enter new mailing address, if applicable:		٠٠.
(Mailing address MAY BE A POST OFFICE BOX	9	1
		77
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
_	_·	, 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 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
MOR	Flavia S. Fernandez	2033 SW 131 Pl HIAMI, FL 33175	XAdd
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.03 e statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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