L21000472093

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Certified Copies	Certificates	of Status
Special Instructions to F	 Filing Officer:	
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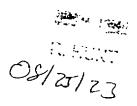




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COVER LETTER

то:	Registration Sec Division of Corp				l-	
SUBJE	ест:	SSM ITC				
		Name of Limi	ted Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please	return all correspon	dence concerning this matter t	to the following:			
		Lehon	A Bowers Name of Person			
		BBSW LLC			~ 0	
			Firm/Company		DIVIŠIOI 2023 A U	: -
		1033 Valley F	orge Rd Address		DIVISION GALC	, 1 -
		Deland FL	32720 City/State and Zip Code		PHI2: 40	
		Bbswinvestm E-mail address: (t	ents @ gmail . Com	cation)	0	
For fur	ther information co	ncerning this matter, please cr	di:			
<u>L</u>	eRon Bowe Name of	Person	at (757) 556 - Area Code Daytime	Telephone Number		
Enclos	sed is a check for the	e following amount:				
□ \$2	25.00 Filing Fee	\$\infty\$ \$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 tadditional copy is enclosed		
	Mailing Address Registration S		Street Address: Registration Sec	tion		
	Division of Co	orporations	Division of Corp	oorations		
	P.O. Box 632° Tallahassee, F		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810		

I should already have a balance in the system. I sent Inst fine

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) lited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 21000472093</u> .	pany were filed on Nov 1, 2021	and assigned
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	5) 1033 Valley Forge Rd Deland FL 32720	2023 AUG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1033 Valley Forge Rd Defand FL 32720	25 PH 2:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name	of the new registered
Name of New Registered Agent: New Registered Office Address: [033]	Valley Forge Rd Enter Florida street address	
_ Dela.	Nd . Florida	32720 Zip Code
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agr	

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>	Name	Address	Type of Action
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		Casselberry, FL 32730	.≝ Remove
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ffective date, if other an effective date is listed, to total. If the date inserted ocument's effective date	he date must be specific I in this block does no	and cannot be prior of meet the applic	able statutory filing		ng.) Pursuant to 605.0
record specifies a delayon is filed.	ed effective date, but i	not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
ated Ang		2023	 フ		

Filing Fee: \$25.00