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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: S	S&S Central Name of Limit	RODFING SERVICE ted Liability Company	s, uc
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Stepnen 1	M · VISNESKI Name of Person	
		Firm/Company	
	18181 NW	144th Ave Address	
For further information conc			notification)
Stephen M Name of Per	SES CENTRAL CODEING SENVICES, UC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: SECPLEN M. VISNESU Name of Person Firm/Company 18181 NW 144th Ave Address WILLSTON, PL. 32LIQU City/State and Zip Code SMINISTON, PL. 32LIQU City/State and Zip Code SMINISTON, PL. 30LIQU City/State and Zip Code SMINISTON B-mail address: (to be dised for future annual report notification) information concerning this matter, please call: Name of Person Area Code Daytine Telephone Number		
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

Name of the Limited Liability Companied Liabil	Services LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on DS 03 2023 and assigned
Florida document number <u>L 23000219895</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
S&S Pressure Plus U.C	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 20 C
(Principal office address MUST BE A STREET ADDRESS)	
	77
	8
Enter new mailing address, if applicable:	7 D
(Mailing address MAY BE A POST OFFICE BOX)	0
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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
			□Change
			□Add
			□Remove
			Change
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			□Remove
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			□ Change
			□Add
		.	□Remove

Page 2 of 3

Effective date, if other than the date of filing:	
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