

L23000447 / 34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

A standard 1D barcode is positioned horizontally across the page, centered vertically relative to the text above and below it.

400416270154

10/16/23--01008--009 +25.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

2023 OCT 16 PM 3:33

Office Use Only

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SSR AFFILIATES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and see(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophia Rybka

Name of Person

---

**Firm/Company**

277 Balearics Drive

---

### Address

St. Augustine, FL 32086

City/State and Zip Code

sophia.robb@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Robb 863 781-9424  
Name of Person at ( ) Area Code Daytime 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 Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SSR Affiliates 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 September 27, 2023 and assigned Florida document number 900416399409.

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 "L.L.C."

**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 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**

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

10/12/2023

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 12

2023

~~Signature of a member or authorized representative of a member~~

Sean F Robb

Typed or printed name of signee

**Filing Fee: \$25.00**