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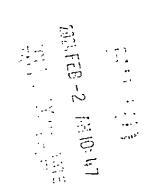
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# Registration Section Division of Corporations SSG GROUP MIAMI LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: PAWEL NIEWRZAWA Name of Person SSC GROUP MIAMI LLC Firm/Company 1470 16TH STREET #101 Address MIAMI BEACH, FL 33139 City/State and Zip Code pawelniewrzawa@sscgroup.pl E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ilenn Pawlak Name of Person nclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

### **Mailing Address:**

O:

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 ORGANIZATION OF

SSG GROUP MIAI	MI LLC	
<u> </u>	ame of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for lorida document number 124000	this Limited Liability Company were filed on 12.2	26.2023 and assigned
his amendment is submitted to a	nmend the following:	
. If amending name, enter the	e new name of the limited liability company her	<u>e</u> :
SSC GROUP MIAMI LLC	(we are changing SSG to SSC which was filed	in error originally)
ne new name must be distinguishable  nter new principal offices add  Principal office address MUST	<del></del>	signation "LLC" or the abbreviation "L.L.C."
nter new mailing address, if a <u>Mailing address MAY BE A PO</u>	•	7
. If amending the registered a zent and/or the new registered	gent and/or registered office address on our rec l office address here:	cords, <u>enter the name of the new register</u>
Name of New Registere	d Agent:	<del></del>
New Registered Office		la street address
		. Florida

# ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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# IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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change	the register	ed agent nar	me to Pawel.							
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