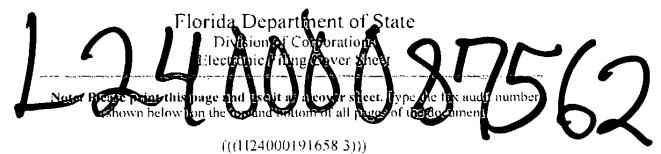
Division of Corporations



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0578

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SSDC LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON MAY 3 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

	legistration Sec Division of Corp					
SUBJEC'	SSDC LLC					
NUBJEC	l i	Name of Lim	fied Liability Company			
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
		dence concerning this matter				
		Jonathan Taboada				
			Name of Person			
		ZenBusiness INC				
			Firm/Company			
		336 E. College Ave Suite	301		202	
			Address			F
		Tullahassee, FL 32301			2024 MAY 3 I SECRUTARY SECRUTARY	
		fulfillment@zenbusiness.co	City/State and Zip Code om		PH 2: 39	
		E-mail address: (	to be used for future annual report notifica-	tion)	- 1921 N	
For furthe	r information co	ncerning this matter, please c	uil:		≟m <b>39</b>	
c/o ZenB	usiness INC		844 493-6249			
	Name of	Person		dephone Number		
Enclosed	is a check for the	: following amount:				
<b>≣</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sound Filing 1 Certificate of Certified Copyridditional copyri	Status & Y	
	dailingAddress		StreetAddress:			
	Registration So		Registration Section			

Registration Section 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

To:

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSDCILLC		
(Same of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000087562}{1.000087562}$	were filed on <u>05/30/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	hty Company," the designation "14.C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	333 South Garland Avenue 13th Floor	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801	35.
	Orange CountyUS	17 A 17
- Enter new mailing address, if applicable:	333 South Garland Avenue 13th Floor	31 F
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, F1, 32801	10 ±
	Orange CountyUS	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	of the new registered
New Registered Office Address:	New Registered Office Address:  Enter Flortila street oddress	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agre performance of my duties, and I am fo provided for in Chapter 605, F.S. Or, i	miliar with and Jihis document is

Page: 4 of 5

2024-05-31 12:19:22 UTC+14

18506176383

From: ZenBusiness User

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
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			Change_
	State - The representation of the state of t		Change 1024 MAY 3   Change
			MAY 3   FINANCY SSIGNER S
			Carrier (
			DAdd
			□Remove
			🗆 Add
			□Remove
·			🗆 Add
			□Remove
			("luchana

To:

D. Hamending any other int	ormation, enter change(s) here: (Attach additiona	u sneets, ij necessary.)
# = # 100 P P P P P P P P P P P P P P P P P P		
		2024
		HAY 3
		5 7 C
<ul> <li>tIf an effective date is listed, the da <u>Note:</u> If the date inserted in t</li> </ul>	n the date of filing:  e must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing re the Department of State's records.	than 90 days after filing.) Pursuant to 605,0207 (3)(b)
f the record specifies a delayed ef ecord is filed	fective date, but not an effective time, at 12:01 a m. on i	the earlier of (h). The 90th day after the
Dated	2024	
/s/Dervon 1 Gaskii		
	Signature of a member or authorized representative of	a member
Dervon J Gaskins	Sr. Member  Typed or printed name of signee	