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Division of Corporations

**L24100102113**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC  
Account Number : 120230000193  
Phone : (407)552-7903  
Fax Number : (407)449-2348

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

Email Address: INFO@CLAUDIALIMATAX.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SSB QUALITY CONTRACTORS LLC

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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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AUG - 1 2024  
T. LEMIEUX



March 11, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SSB QUALITY CONTRACTORS LLC  
14065 TITLE WAY  
WINTER GARDEN, FL 34787

SUBJECT: SSB QUALITY CONTRACTORS LLC  
REF: L24000102113

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please have Sandro Saemento Barros sign the last page of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H24000090622  
Letter Number: 924A00005254

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31.7.2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SSB QUALITY CONTRACTORS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CLAUDIA GIRALDELLI LIMA

Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC

Firm/Company

9100 CONROY WINDERMERE RD SUITE 200 OFFICE 241

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@CLAUDIALIMATAX.COM

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

For further information concerning this matter, please call:

CLAUDIA LIMA

407 552-7903

at ( )

Name of Person

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  
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

SSB QUALITY CONSTRUCTORS 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 02/27/2024 and assigned  
Florida document number 1.24000102113

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**

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9/31/2024

11:44:35



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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANDRO SARMENTO BARROS	14065 TITLE WAY	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**Filing Fee: \$25.00**