

L99000007940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

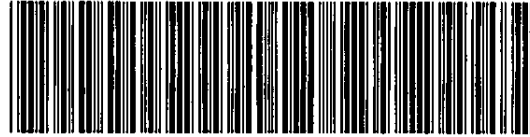
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 20 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SSBL, LC

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:

Lisa M. Hobbs

Name of Person

SSBL, LC

Firm/Company

4270 Middletown Rd ~

Address

Oregonia OH 45054

City/State and Zip Code

lisa.hobbs@steemer.com

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

For further information concerning this matter, please call:

Lisa Hobbs

239 503-9855
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SSBL, LC

(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 November 18, 1999 and assigned Florida document number L99000007940.

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)

4270 Middletown Rd Oregonia OH 45054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4270 Middletown Rd Oregonia OH 45054

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:

Lisa Hobbs

New Registered Office Address:

8739 Cypress Reserve Circle

Enter Florida street address

Orlando

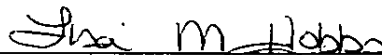
, Florida 34836

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stfanik, Steven A.	179 Grenada St	<input type="checkbox"/> Add
		Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Bevis, Lyn	1133 Bal Harbor Blvd. #1129	<input type="checkbox"/> Add
		Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Hobbs, Lisa	4270 Middletown Rd	<input checked="" type="checkbox"/> Add
		Oregonia OH 45054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Smith, William Dale	9012 Reyes Ct.	<input checked="" type="checkbox"/> Add
		Orlando FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: May 15, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8-26, 15

Signature of a member or authorized representative of a member

Steven A. Stefanik

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA