

L09000019471

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRR ENTERPRISES, 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:

FAY ROBINSON

Name of Person

SRR ENTERPRISES, LLC

Firm/Company

1809 MOUND AVE

Address

PANAMA CITY, FLORIDA 32405

City/State and Zip Code

FAYFLORIDA@COMCAST.NET

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FAY ROBINSON

Name of Person

at (850)

5964554

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**

SRR ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/26/2009 and assigned
Florida document number L09000019471

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1809 MOUND AVE

(Principal office address MUST BE A STREET ADDRESS)

PANAMA CITY, FLORIDA 32405

Enter new mailing address, if applicable:

1809 MOUND AVE

(Mailing address MAY BE A POST OFFICE BOX)

PANAMA CITY, FLORIDA 32405

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:

FAY ROBINSON

New Registered Office Address:

1809 MOUND AVE

Enter Florida street address

PANAMA CITY

Florida

32405

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 608, 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.

Fay Robinson
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

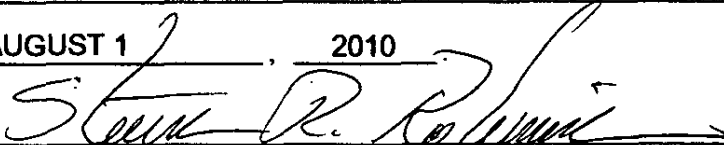
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN R ROBINSON	1809 MOUND AVE	<input type="checkbox"/> Add
		PANAMA CITY, FLORIDA 32405	<input checked="" type="checkbox"/> Remove
MGRM	FAY ROBINSON	1809 MOUND AVE	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FLORIDA 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

AUGUST 1, 2010



Signature of a member or authorized representative of a member

STEVEN R ROBINSON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP - 2 AM 11:25

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