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(Re	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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COVER LETTER

TO: Registration 3 Division of C			
	erprises L1.C		
SUBJECT:	Name of Limited Liability Company		
	of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:		
	Robert Carroll		
	Name of Person		
	SRR Enterprises LLC		
	Firm/Company		
	1809 Mound Ave		
	Address		
	Panama City, FL 32405		
	City/State and Zip Code		
	robertearroll71@gmail.com E-mail address: (to be used for future annual report notification)		
For further information	n concerning this matter, please call:		
Robert Carroll	850 259-5206		
Name	at () c of Person Area Code Daytime Telephone Number	_	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)	Status & y	

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 Cor (A Florida Limit	mpany as it now appears on our	records.)	****
(A Florida Limit	ted Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on <u>02/26/2009</u>	 .	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 b	iability company here:		
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation	n "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2	<u>:</u>	8
			
			गम
		•	60
Enter new mailing address, if applicable:		<u>.</u> .	794
Mailing address MAY BE A POST OFFICE BOX)			
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 If amending the registered agent and/or registered registered agent and/or the new registered office address to a second agent. 		ecords, <u>enter the</u>	name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	t cultibrary	
	Enter v tortaa street	caaress	
		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

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>	Address	Type of Action
MGR ROBERT J CARROLL	ROBERT J CARROLL	8938 N MCCANN ROAD	B Add
		PANAMA CITY, FL 32409	□ Remove
			Change
			□ Add
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		***************************************	<i>i</i> •> ———□ÿ4iq
			
			Change
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			□ Remove
			☐ Change

D, If an	aending any other inform	ation, enter change(s) here: (Attach additional sheets, if ne	cessary.)
			
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Note	: If the date inserted in this b	e date of filing:	tional) er filing.) Pursuant to 605,0207 (3 nis date will not be listed as the
	ecord specifies a delaye e 90th day after the rec	d effective date, but not an effective time, at 12:01 cord is filed.	a.m. on the earlier of:
Date	OCTOBER 26TH	2017	
	AX		2017
		Signature of a member or authorized representative of a member	(C) 6
	ROBERT J CARROLI	l'yped or printed name of signee	. 30

Filing Fee: \$25.00

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