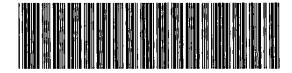
## L0900037170

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

<sub>r.</sub> SR Property Group, 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:

**Dolores M Rivera** 

Name of Person

SR Property Group, LLC

Firm/Company

1242 SW Pine Island Rd., Suite 42-413

Address

Cape Coral, FL 33991-2120

City/State and Zip Code

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

For further information concerning this matter, please call:

**Dolores Rivera** 

239 424-9165

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

FILED
2013 JUL 15 PN 2:51
SECRETARY OF STATE
LABORES ELOPINA

Zip Code

SR Property Group, LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000037170</u>	were filed on 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 end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1242 NW Pine Island Rd
(Principal office address MUST BE A STREET ADDRESS)	Suite 42-413
	Cape Coral, FL 33991
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

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>	Type of Action
MGR	Frances K Szymanski	2413 NW 27th Ter	Add
		Cape Coral, FL 33993	Remove
MGRM	Dolores M Rivera	2413 NW 27th Ter	Add
		Cape Coral, FL 33993	Remove
			Add
			Remove
			Add
			Add
			Remove
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
- ed	July 9 2013
0	Dalores Mu Bureia
	Signature of a member or authorized representative of a member
	Dolores M Rivera, MGRM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

