# L09000061147

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>(</del> #)
PICK-UP	☐ WAIT	MAIL
(D)	usiness Entity Name	<u>,,                                   </u>
(BC	isiness Endty Name	<del>-</del> )
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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FILED
SERGE FARY OF STATE
DIVISION OF COMPONATIONS

JAN 1 4 2013 T. HAMPTON

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SR Title (	LC Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew	Ryan Name of Person	
	Shehata & Ru	Jan Law Group, P.A.	
	4216 Little 6	Address	
	New Port Ric	chey FL 34655 City/State and Zip Code ta Chotmail. com o be used for future annual report notificati	
For further information of	oncerning this matter, please ca	all:	
Matthew P Name o	f Person	at (727) 494 - 764 Area Code & Daytime To	alephone Number
Enclosed is a check for t	he 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

SR Title	Compan	y, LLC		
( <u>Name of the Limited L</u> (A F	iability Company lorida Limited Lia	y <mark>as it now appear</mark> ability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liab		vere filed on	06/22/2009	and assigned  3 VERY
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t	_	ity company hor	۵۰	
Nate Group LLC		•	_	PH12: 0
The new name must be distinguishable and end with "L.L.C."	the words "Limite			
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET		Seffner	_akeshore R FL 3358	anch Dr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	1302 L Seffner	akeshore Ran FL 33584	ich Dr
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	12.00	1 1 0	1 6	
New Registered Office Address:	1302 L	akeshore R En	ter Florida street addi	ress
	Seffner		. Florida	33584
		City	, Florida	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.

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>	Address	Type of Action
MGR	Matthew J. Ryan	4216 Little Rd	Add
		New Port Richey Fr 3465:	S Remove
			Add
		A	Remove
			Adda
			Add Remove Remove
			- Paddis
			Remove
			Remove
			<b></b> -
			Add
			_ Remove

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Dated _	January 8 , 2013.
	nt pr
	Signature of a member or authorized representative of a member
	Matthew J. Pyan Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JAN 11 PH 12: 04