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SECRETARY OF STATE ON OF CORPORATION

N. Culligan NOV 1 2015

COVER LETTER

TO: Registration Section is a Corpo	ion • , rations	.: · .	
SUBJECT:		onsulting, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Stephen R Uhlhorn	
		Name of Person	
		SRU Consulting, LLC Firm/Company	
		2402 Hope Lane	
		Address	
	Palm	Beach Gardens, FL 33410 City/State and Zip Code	
	stephe E-mail address: (en.uhlhorn@srugroup.com to be used for future annual report notif	ication)
For further information con	cerning this matter, please of	call:	
Steph Name of P	en Uhlhorn erson	at (<u>561</u>) Area Code & Daytim	312-2133 e 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 ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS TO **OF**



10 OCT 29 AMII: 17

(Name of the Limited Liab (A Flori	U Consulting, LLC ility Company as it now appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit		uly 12, 2010 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
	SRU Group, LLC	
The new name must be distinguishable and end with the "L.L.C."		"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDFGG	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, 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 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:

MGRM = Na MGRM = N	nager Ianaging Member			
<u>Title</u>	<u>Name</u>	Address	Туре	e of Action
			A R	dd emove
			A	dd emove
			A R	dd emove
				dd emove
			Ac Re	dd emove
			Ac Re	dd emove
 		nge(s) here: (Attach additional sheets, if necessary.)	10 0CT 29 AM ÎI: 17	SECRETARY OF STATE DIVISION OF CORPORATIONS
		er or authorized representative of a member		
		tephen R Uhlhorn ed or printed name of signee		-

Page 2 of 2

Filing Fee: \$25.00