410000098368

(Re	questor's Name)	
(Ad	dress)	
—————(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400393700734

09.09.022--01/EU--01/F -*--------

22 SEP -6 PM 3: 50

my

COVER LETTER

TO: Registration Se Division of Cor			
SRC4YOU	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID HARRIS		
		Name of Person	
	SRC4YOU LLC		
		Firm/Company	
	5654 MARQUESAS CIR	CLE	
		Address	22
	SARASOTA, FL 34233		2 SEP -6
		City/State and Zip Code	-6
	ADMIN@FLIGUSA.COM	í	icetion)
	E-mail address:	to be used for future annual report notif	ication) မှ
For further information of	concerning this matter, please of	call:	ication)
JIM TRIDER		941 320-0002 at ()	
Name o	of Person		: Telephone Number
Enclosed is a check for the	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		Street Address:	etion
Registration Section Division of Corporations		Registration Sec Division of Con	
P.O. Box 632	27	The Centre of T	·
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A F	iability Compa lorida Limited L	ny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liabilition document number £10000098368	ity Company	were filed on 09/21/2010		and ass	igned
his amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabi	ility company here:			
N/A					
he new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	"LLC" or the abbrev	iation "L.	L.C."
nter new principal offices address, if applicable	:	5206 STATION WAY			
Principal office address MUST BE A STREET A	DDRESS)	SARASOTA, FL 34233		- 22	<u> </u>
				4 <u>-</u>	<u> 준</u> 도
nter new mailing address, if applicable:		5206 STATION WAY		9- q	
Mailing address MAY BE A POST OFFICE BOX	o	SARASOTA, FL 34233		<u> </u>	-취유비 역사
	•			3: 59	2.14
s. If amending the registered agent and/or regist gent and/or the new registered office address he		address on our records, <u>e</u>	nter the name of	the nev	v registe
Name of New Registered Agent:	IM TRIDER				
New Registered Office Address: 55	206 STATION	N WAY			
		Enter Florida street d	address		
S	ARASOTA		_, Florida		
		City		ip Code	

New Registered Agent's Signature, if changing Registered Agent:

SRC4YOU LLC

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JIM TRIDER	5206 STATION WAY	≣Add
		SARASOTA, FL 34233	□ Remove
			□ Change
MGRM	RAY FOLEY	39515 BAMBOO LANE	□Add
		ZEPHYRHILLS, FL 33542	■Remove
MGRM	DAVID HARRIS	5654 MARQUESAS CIRCLE	
		SARASOTA, FL 34233	≅Remove
			Change
			□Add CFF I I I I I I I I I I I I I I I I I I
			Change GAdd
			□ Remove
			□Change
	<u> </u>		
			□Remove
			□ Changa

			-
			-
			-
			_
			_
			_
			-
	-		-
		22 S	- <u>13.</u>
			- 17 - 5,
		6 P*	. CI#
 		<u>ස</u>	- ;;; - ;;;
		<u> </u>	. .
			-
			-
			-
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to date of filing or does not meet the applicable statutory file	(optional) more than 90 days after filing.) Pursuant to 60: ing requirements, this date will not be list	5.020 ted a
record specifies a delayed effective d is filed.	ate, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after	er the
SEPTEMBER I	2022		
	and and anthorized representation	we of a member	
	DAVID HARRIS Typed or printed name of signee		