## 1300014972

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	•	COVER LETTER	
TO: Registration So Division of Con			
SRDM CA	PITAL GROUP, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Serge Payer		
		Name of Person	
	SRDM CAPITAL GROUP		
	·	Firm/Company	
	3101 NW 126th TER		
		Address	
	Sunrise, F1, 33323		
	sergepayer@gmail.com	City/State and Zip Code	
		o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
Serge Payer		954 629-6094 at ()	
Name c	f Person	Area Code Daytime	: Telephone 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 Statu Certified Copy

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

SRDM CAPITAL GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/29/2013}{2}$ and assigned Florida document number L13000014972 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAYER Capital Group LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3101 NW 126th TER Enter new principal offices address, if applicable: Sunrise, FL 33323 (Principal office address MUST BE A STREET ADDRESS) 3101 NW 126th TER Enter new mailing address, if applicable: Sunrise, FL 33323 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Serge Payer Name of New Registered Agent:

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

New Registered Office Address:

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.

City

3101 NW 126th TER

Sunrise

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida <sup>33323</sup> Zip Code

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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>	Name	<u>Address</u>	Type of Action
MGR	Doris Payer	3101 NW 126th TER	<b>∃</b> Add
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Filing Fee: \$25.00