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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SIR ZZC,				
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:				
Claudéa Rivas Name of Person				
SIR LLC Firm/Company				
1280 NE 1445T				
North May FC 33/41 City/State and Zip Code				
LOIS Lives 08046 8 6 6 Mail Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

STR LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>11300074601</u> .	were filed on $\frac{07/02/20/3}{2000}$ 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 "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1280 NF 144 St
(Principal office address MUST BE A STREET ADDRESS)	North Meaner FC33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1280 NF 144 ST NORTH WORLD FC 33161
Training dualess MITT BETTT OUT OF THE BOTT	NOLIVI PUMA 1 CE 35/01
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Name 1 Address **Type of Action** MER LUIS M. RIVAS □ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove □ Add ☐ Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
the da	tive date, if other than the date of filing:
Dated	01/19/2014
	- (1/www.ext.)
	Signature of a member or authorized representative of a member
	Claudia Rivas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 23 AM 19: 00