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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

2/13/18

TO: Registration Section Division of Corporations
SUBJECT: HUNT CLUB CITGO LLC 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:
DEEPAK. MODI Name of Person
Firm/Company
HIG COUNTRY WOOD CIRCLE Address LAKE MARY. FL 32746 City/State and Zip Code DEEMODI @ HOTMAIL. COM E-mail address: (to be used for future annual report notification)
LAKE MARY. FL 32746
DEEMODI @ HOTMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEEPAK. MODI at 407 - 921 - 4174 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLÊS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNT CLU	B CITGO LLC
(Name of the Limited Liability	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Florida document number <u>L 13000 1</u>	37 311
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
SRS ENTERPR	ISE USA LLC
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	7 L 2m
(Mailing address MAY BE A POST OFFICE BOX)	
	92 **
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the nev
registered agent and/or the new registered office addr	
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 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 Type of Action **Address** Title Title Name | □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Change _□ Add _□ Remove

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Page 3 of 3

Filing Fee: \$25.00