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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE STOR MANAGEMENT, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

DEC 5 0 2018

12/19/19, 11:48 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE STOR MANAGEMENT, LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) liability Company)	;
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000052009</u>	were filed on 03/28/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SROA Property Management, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	ne name of the new registere
agent and/or the new registered office address here: Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
***************************************	, Flor	
	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 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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effecti	ive date, if other that ective date is listed, the dat	n the date of fili	ng:	to date of filing or	more than 90 days aff	tional) er filing.) Pursuant to	605.0207
Note:	If the date inserted in the lent's effective date on the	his block does not	t meet the applic	able statutory fil	ing requirements, the	his date will not be	listed as
e recor rd is fil	d specifies a delayed ef. led.	fective date, but n	ot an effective ti	me, at 12:01 a.n	n, on the earlier of:	(b) The 90th day	after the
Dated	December 19		2019	·			
	/s/ Caitlin La	zarus					-
		Signature of	a member or auth	orized representati	ive of a member		

Filing Fee: \$25.00