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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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COVER LETTER

Division of Corpo	rations		
SRM Seni	or Care, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Cathy Parker		
		Name of Person	
	SRI Management, LI	LC	
	Firm/Company		
	115 West Bay St.		
		Address	
	Perry, Florida 32347		
		City/State and Zip Code	
	cparker@superioralf.	com o be used for future annual report notification	
For further information con	cerning this matter, please ca	•	.,
	cerning this matter, pieuse eu		
Cathy Parker		at ()	
Name of P	erson	Area Code Daytime Telep	ohone Number
Enclosed is a check for the	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:

· TO:

Registration Section

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**

SRM Senior Care, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L14000162500	were filed on 10/17/2014	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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	115 West Bay St.	·
(Principal office address MUST BE A STREET ADDRESS)	Perry, FL 32347	SEGRE!
Enter new mailing address, if applicable:	115 West Bay St.	ASSEE,
(Mailing address MAY BE A POST OFFICE BOX)	Perry, FL 32347	FLORIDGE TO THE CONTROL OF THE CONTR
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: Don W. Bis	<u>e</u> : hop	s, enter the name of the n
New Registered Office Address: 115 West B		
_	Enter Florida street addres	•
Perry	, FI	orida 32347
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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. Thereby 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mainspring Investments, LLC	115 West Bay St.	A dd
		Perry, FL 32347	Remove
MGR	SRI Management, LLC	13630 Linden Dr.	
		Spring Hill, FL 34609	Remove
			TALLAHASSEE. FLORIDA
			☐ Add

FEI/EIN Number 47-2105855	
	12/12/2014
effective date, if other than the date of filing: effective date must be specific, cannot be prior to date date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
December 5	2014
18451	
Signature of a me	ember or authorized representative of a member
Don W. Bishop	

Page 3 of 3

Filing Fee: \$25.00

"SECRETARY OF STATE TALLAHASSEE, FLORIDA