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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

JUL 20 2015

S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	SRA MUCS	thent Group U	<u>C</u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	<i>,</i> •
	SV	Name of Person	
	·	Firm/Company	
•	10181	1. Morroest T	tallahassee
	FL	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	FILE OF THE PROPERTY OF THE PR
		at ()	in 6 kg
Name of	Person	at () Area Code Daytime T	Celephone Number
Enclosed is a check for th	e 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: 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

SRA In	Westment Group, UC	<u></u>
(<u>Name of the Limited L</u> (A F	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable	e:	TSE 5
(Principal office address MUST BE A STREET A	ADDRESS)	學學型
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	ED PH 4: 3
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, eaddress here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flori	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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar	Alexandria J. Henderson	2290 Continental Ave Tallahassee, FL 32304	D Add
		Tallahassee, FL 32304	□ Remove
			Change
-			🗆 Add
			Remove
			Change
		79- 70- 71- 71- 71- 71- 71- 71- 71- 71- 71- 71	FILE COLOR
			E-Charge
			□ Add
			Remove
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ctive date, if other th	an the date of fil	ling:		(optio	nal)
ective date, if other the effective date is listed, the degree. If the date inserted in ument's effective date of	this block does no	at meet the applica	o date of filing or mo ble statutory filing	re than 90 days after f requirements, this	iling.) Pursuant to 605.02 date will not be listed
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record specifies a d he 90th day after ti			an errective ti	me, at 12:01 a.	.m. on the earlier
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<i>J</i>					
		f a member of outho	rized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00