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SECRETARY OF STATE
TALLAHASSEE FLORID

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COVER LETTER

Division of Corporations						
SUBJECT:	S & R Mana					
SCEULC I.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Shmuel Litvak				
	Firm/Company					
	4729 Madison St					
	Address					
		Hollywood, FL 33021				
			City/State and Zip Code	•		
		litvaksam@gmail.com				
		E-mail address: (to be used for future annual re	eport notification)		
For further in	formation cor	ncerning this matter, please ca	all:			
Shmuel Litva	ak		at ()	2741		
	Name of I	Person	Area Code	Daytime Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificat sed) Certified	e of Status &	

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**

ARTICLE	S OF ORGANIZATION	
	OF	The state of the s
		E S S
S & R Managment Group, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	llity Company as it now appears on our records. da Limited Liability Company)	SEE PHO
The Articles of Organization for this Limited Liability	Company were filed on February 22, 2016	and assigned
Florida document number L16000036635	·	94.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
S & R Management Group, LLC.		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·····
	Enter r ioriaa street address	
	, Flor	ida
	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 <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add 6: 200ve ☐ Change □ Add ☐ Remove ☐ Change

The amendment is to co	orrect the spelling	g of the work "Mana	gement" in the name	of the LLC.		
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Filing Fee: \$25.00