## LIL 0000 36635

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Div	ision of Corpo	rations			
SUBJECT:	S & R Manag	ement Group, LLC.			
00000011		Name of Limit	ed Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Shmuel Litvak			
			Name of Person		
		S & R Management Group I	LLC		
			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 repor	t notification)	
For further in	formation cond	cerning this matter, please call	:		
Shmuel Litva	ak		305 283-274 at ()	41	
	Name of Pe	erson	Area Code D	aytime Telephone Number	
Enclosed is a	check for the f	following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

Registration Section

TO:

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

S & R Management Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/22/2016 and assigned Florida document number L16000036635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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
AMBR	Rosa Inigo		
		5300 WASHINGTON ST #M208	■ Remove
			Change
AMBR	Mark Zekhtser	125 Brighton 11th Street, Apt#1V	B Add
		Brooklyn, NY 11235	☐ Remove
			☐ Change
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Filing Fee: \$25.00