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JAN 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 555 SRD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AVRA JAIN
Name of Person
555 SRD LLC
Firm/Company
7272 NE 6th Ct. SUITE #10
Address
33138
City/State and Zip Code
JAINAVRA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AVRA JAIN at (305) 495-1735
Name of Person Area Code Daytime Telephone 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:
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

555 SRD, LLC

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	NATALIA CEBOLLERO	7272 NE 6 TH CT	<input type="checkbox"/> Add
		MIAMI FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/16, 2018

Signature of a member or authorized representative of a member

AURA M. JAIN
Typed or printed name of signee