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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corpor			<i>2</i> ° →
SUBJECT: 555	SRD LCC Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	AVRA JAIN	Name of Person	
		Firm/Company	
	7272 N	E 6th Ct.	SUITE # 10
	33138		
-	JAWAV E-mail address: (to	City/State and Zip Code RA @ G MA' be used for future annual re	eport notification)
For further information conc			
AVRA JAI	N	at (<u>305</u>)_4	495 - 1735 Daytime Telephone Number
Name of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
≤ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

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

555 SRD, L		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>3/28/16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	3 5 S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SIDN OF CORPORAL
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter	the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	N /A Enter Florida street address	
	, Florida	
	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>	<u>Address</u>	Type of Action
MGR	NATALIA CEBOLLERO	7272 NE 6TH CT	
		MIAMI FL 33138	Remove
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