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(Re	equestor's Name)	
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SECRETARY OF STORES

APR 2 2 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
SRC 917,	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Alex Espenkotter, Esq.			
		Name of Person		
	Heller Waldman, P.L.			
		Firm/Company		
	3250 Mary Street Suite 10	2		
		Address		_ =
	Coconut Grove, Florida 33	1133		16 APR 21 PH
		City/State and Zip Code	<u> </u>	R 2
	ae@hellerwaldman.com			را ســـ کا ســـ
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifies	ation)	16 APR 21 PM 2: 02
Alex Espenkotter		305 448-4144		02
Name	of Person	Area Code Daytime T	elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRC 917, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L16000071275	Liability Company	were filed on April 11	, 2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designate	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	10 Venetian Way		
Principal office address MUST BE A STREET ADDRESS)		Suite 2306		
		Miami Beach, Florida	. 33139	# 1 P
Enter new mailing address, if applicable:		10 Venetian Way		R 21
Mailing address MAY BE A POST OFFICE BOX)		Suite 2306		
		Miami Beach, Florida	33139	
B. If amending the registered agent and registered agent and/or the new registered of		<u>e</u> :	records, enter th	ne name of the new
Name of New Registered Agent:				
New Registered Office Address:	10 Venetian W			
	Miami Beach	Enter Florida str	eet address , Florida _3313	39
		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
MGR	Corine Shelley	10 Venetian Way	
		Suite 2306	□ Remove
		Miami Beach, Florida 33139	☐ Change
			Add
			□ Remove
			16 Change Change Add
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n effective date ote: If the da	, if other than e is listed, the dat te inserted in the ective date on t	e must be specifi iis block does i	c and cannot t not meet the	pe prior to date applicable st	of filing or more	than 90 days after	ional) er filing.) Pursuant is date will not	t to 605.026 be listed a
	ecifies a dela ay after the			ut not an e	effective tim	e, at 12:01	a.m. on the	earlier
ted	April	14						
				~~	<u> </u>			
		∕Signature	or a member of	or authorized r	epresentative of	a member		

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Filing Fee: \$25.00