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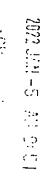
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COVER LETTER

	egistration Se division of Cor			•
cup uca	SRSL, LLC			
SUBJECT	ſ:	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Jan T. Govan, Esq.		
			Name of Person	
		Govan Law Group, PA		
			Firm/Company	
		542 Bay Avenue		
			Address	
		Clearwater, FL 33756		
		jangovan@govanlawgroup.	City/State and Zip Code	
			to be used for future annual report no	titication)
For further	r information co	oncerning this matter, please c	all:	
Jan T. Gov	van, Esq.		727 298-1101 at ()	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed i	s a check for th	e 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)
	Tailing Addres Legistration S		Street Address: Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Taflahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRSL, LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	r <u>s on our records.</u>)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{Nc}{2}$ Florida document number $\frac{L16000213229}{L16000213229}$	ovember 21, 2016	_ and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
he new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbre	viation "L.	IC."
Enter new principal offices address, if applicable:	<u></u>	. 25	
Principal office address MUST BE A STREET ADDRESS)	· : \$	2	
	;		
		۷:	•
No. 11. Alice of continue to the second			.;
nter new mailing address, if applicable:		()	٠.
Mailing address MAY BE A POST OFFICE BOX)		- (- , 	
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flori	ecords, enter the name of	of the nev	v register
	, Florida		

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	Dorothy M. Eells,	401 Douglas Road East, Oldsmar, FL 34677	□Add
			■Remove
			□Change
			□Add
			□Remove
			☐ Change
			. ?
			☐Remove
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			Change

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prio Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records	r to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective t d is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated December 21 2021	

Filing Fee: \$25.00