LI7 000 115 330

(Re	equestor's Name)	
(Ad	ldress)	
	dress)	
(Au	diess)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nan	ne)
(50	Siless Entry Hall	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

	stration Sec sion of Corp			
		SITIONS LLC		•
SUBJECT: _	•		ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
1		THOMAS TAPANES		
			Name of Person	
		MIDLAND FORMS LLC		
			Firm/Company	
		15671 SAN CARLOS BLV	VD	
			Address	
		FORT MYERS, FL 33908		
	•		City/State and Zip Code	
		TTAPANES@MIDLANDT		
			to be used for future annual report not	ification)
For further int	formation co	oncerning this matter, please ca	ill:	
THOMAS TA	APANES		239 333-4827	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25,00 Fi	ling 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)
Reg	ing Address	ection	Street Address: Registration Sc	
P.O	ision of Co . Box 632	orporations 7	Division of Co The Centre of	•
1	ahassee, F			pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRQ AQUISITIONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	y were filed on <u>05/24/2017</u>	and assigned
Florida document number L17000115330		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
SRQ ACQUISITIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		72 22 37
Enter new mailing address, if applicable:		
••		TAN TO
Mailing address MAY BE A POST OFFICE BOX)		8: 50
		5
		• •
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, ente	er the name of the new registe
general de la constant de la constan		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F	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>	Address	Type of Action
			□Add
			□Remove
1			□Change
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f an eff Note:	ye date, if other than the date of filing:	
e recor rd is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered.	r the
Dated	NOVEMBER 23	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee