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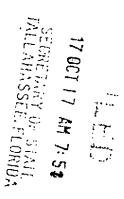
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## **COVER LETTER**

	Registration Sec Division of Corp					
C1:D 1E7		K STREET, LLC				
SUBJE.C.	T:		ited Liability Company	<del> </del>		
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		PRITI PATEL				
			Name of Person			
		SOFTBOOKS INC				
		Firm/Company				
		5373 N NOB HILL ROAF	)			
			Address			
		SUNRISE, FL 33351				
			City/State and Zip Code			
		INFO@SOFTBOOKSINC.				
			to be used for future annual report no	tification)		
For furth	er information co	oncerning this matter, please ca	all:			
PRITI P.	ATEL		954 874-6230			
	Name of	Person	at () Area Code Daytii	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	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

15119 POLK STREET, LLC

( <u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	oility Company were filed on $\frac{06/28/2017}{1}$	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
SR7 INVESTMENT LLC		
he new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u> </u>	
3. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the
egistered agent and/or the new registered offic	<u>e address here</u> :	17 0C
Name of New Registered Agent:		SSI
New Registered Office Address:		TO A
ren registered villee produces.		
new registered syntage produces.	Emer Florida street	taldress 500

## 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

Title	Name	Address	Type of Action
AMBR	NEW SOUTH FLORIDA PROPER	7310 NW 41ST STREET	
		MIAMI, FL 33166	Remove
			Change
AMBR	MOFIDA ENTERPIRSE LLC	7310 NW 41ST STREET	Add
		MIAMI, FL 33166	■ Remove
			Change
AMBR	QASIM BAQAI	7310 NW 41ST STREET	■ Add
		MIAMI, FL 33166	□ Remove
			Change
AMBR	ZAHID BAQAI	7310 NW 41ST STREET	Add
		MIAMI, FL 33166	Remove
			Change
			Add
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Typed or printed name of signee

Filing Fee: \$25.00