117000255873

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COVER LETTER

	Registration Sec Division of Corp											
OLUB III		AL GROUP, LLC										
SUBJEC												
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.									
Please ret	urn all correspon	dence concerning this matter	to the following:									
		MARNIE MCGRATH										
			Name of Person	-								
Firm/Company 150 E PALMETTO PARK ROAD, SUITE 800 Address BOCA RATON FL 33432												
							City/State and Zip Code					
							SRICAPGRP@GMAIL.COM					
							E-mail address: (to be used for future annual report notif	fication)			
					For furth	er information co	ncerning this matter, please ca	all:				
MARNI	E MCGRATH		at ()									
	Name of	Person	Area Code Daytim	e Telephone Number								
Enclosed	is a check for the	e following amount:										
-⊟-\$25.(90 Filing Pec	■ \$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 O	TO F ORGANIZATIO	N 2019 KOV LED
	OF	2019 KON - ED
SRI CAPITAL GROUP, LLC (Name of the Limited Liability Co	moany as it now appears on	our records.)
(A Florida Limi	ited Liability Company)	\$ 5.00
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L17000255873}{L17000255873}$.	any were filed on 10/16/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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	Kahlil McFarlane	150 E Palmetto Park Road, suite 800	
		Boca Raton, FL 33432	■ Remove
			Change
			Add
			☐ Remove
			Change
	 		Add
			Remove
			☐ Change
			Add
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		☐ Change	
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Note:	tive date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 60 and 60 after the record is filed.
Dated	0/16 2018
Datel	Markey Mediate Signature of a member or authorized representative of a member
	· ·
	MARNIE MCGRATH

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Filing Fee: \$25.00