48000 293016

| (Re | equestor's Name) | - |
|-------------------------|--------------------|---------------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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C. GOLDEN JAN 1 8 2019

COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|--|
| SUBJECT: S&H | Globel Imn Name of Limi | ted Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are sub- | nitted for filing. | |
| Please return all corresponde | nce concerning this matter t | to the following: | |
| | fro | Name of Person | |
| | | Firm/Company | |
| | 5541 NW | 112 AU. Unit 108 | |
| | Dog | al-Florida 33178 City/State and Zip Code | |
| - | 5 mglo | balimmigration@gma | cation) |
| For further information conc | erning this matter, please ca | dl: | |
| Pray 21500 Name of Pe | 5 Nua | at (<u>786</u>) <u>26024</u> Area Code Daytime | ここ Telephone Number |
| Enclosed is a check for the fe | ollowing 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

FILED

| SRM Global I | -mmmic contrar LLC | 2019 JAN 14 PM 4: 46 |
|--|---|---------------------------|
| (Name of the Limited Liability (A Florida | mmmic, (on LLC y Company of it now appears on our records.) Limited Liability Company) | TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liability C Florida document number <u>L 19000 293016</u> | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit of t | LL.C ited Liability Company," the designation "LLC" o | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N-A | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | enter the name of the new |
| Name of New Registered Agent: | N-A | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori 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 |
|--------------|-------------|-------------|----------------|
| | | | |
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| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (if an cf Note : | tive date, if other than the date of filing: |
| If the re (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 2014 |
| | Signature of a member of authorized representative of a member |
| | Francisco A. Silva |

Page 3 of 3

Filing Fee: \$25.00