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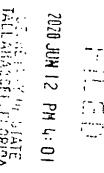
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COVER LETTER

TO: Registration Se Division of Cor					
5150 High SUBJECT:	way 31, LLC				
SOBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joshua O. Dorcey, Esq.				
		Name of Person			
	The Dorcey Law Firm, PL	.C	1		
		Firm/Company		7020	
	10181-C Six Mile Cypress	s Pkwy		HOL	
		Address		2	;"
	Fort Myers, FL 33966		(71 = 1 177 / 177 k	2020 JUN 12 PM 4: 01	•
		City/State and Zip Code		: 01	
	registeredagent@dorceylaw E-mail address: (v.com to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	·			
Joshua O. Dorcey		239 418-0169			
Name o	f Person	at () Area Code Daytime	Telephone Number	_	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	iatus &	
Mailing Addres Registration 5	Section	Street Address: Registration Sec			
Division of C P.O. Box 632		Division of Corp The Centre of Ta			
Tallahassee, 1			Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5150 Highway 31, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our re- ed Liability Company)	cord <u>s.</u>)	
he Articles of Organization for this Limited Liability Compa	my were filed on 04/03/2019		and assigned
orida document number L19000097125			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company here:		
SR 31 Holdings, LLC ne new name must be distinguishable and contain the words "Limited Li			
e new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "	LLC'Eor the a	hbreviation "L.L.C."
nter new principal offices address, if applicable:		ام مدر ح	20 J
rincipal office address MUST BE A STREET ADDRESS)			
			2
			
nter new mailing address, if applicable:		7.7 G 53.7	Ę.
		<u></u>	
<u> 1ailing address MAY BE A POST OFFIÇE BOX)</u>			
. If amending the registered agent and/or registered offic	e address on our records, en	ter the nan	ne of the new regist
ent and/or the new registered office address here:	.e addie.55 vii vai Teevi a.5, <u>eii</u>	ter the nan	ite of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street ad	dress	
		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
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			□Change
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Filing Fee: \$25.00