# 119000105111

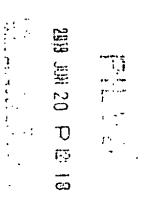
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# **COVER LETTER**

SRL PROI	PERTIES MANAGEMENT LL	.C	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	「Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James Marx, Esq		
	Marx Rosenthal PLLC	Name of Person	
	1 SE 3rd Ave., Suite 2900	Firm/Company	
	Miami, FL 33131	Address	
	james@marxrosenthal.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)
James Marx		305 577-0276	
Name	of Person		ime Telephone Number
Enclosed is a check for	the following 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:

TO:

Registration Section Division of Corporations

> 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

# TO ARTICLES OF ORGANIZATION **OF**

(A Florida Limited Liability Company)

### SRL PROPERTIES MANAGEMENT LLC



2519 JUH 20 P 12: 13 The Articles of Organization for this Limited Liability Company were filed on April 17, 2019 Florida document number L19000105111 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_. Florida \_\_\_\_

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	LIPTON, ROSS	3131 N. BAY ROAD MIAMI BEACH, FL 33140	
			Remove
			Change
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an effective date is	listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605
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ocument's effecti	ve date on the Department of State's records.	
	fies a delayed effective date, but not an effective	ve time, at $12:01$ a.m. on the earlie
The 90th day	after the record is filed.	
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Filing Fee: \$25.00