L19000153825

(Requestor's Name)
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COVER LETTER

TO: Regisfration Sec Division of Corp			9
SUBJECT:	SR Consulti	na LLC ted Dability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Lama	Rudd Name of Person	
		Firm/Company	
	3212 Old	Bainbridge Rd Address	
	Tallahass	City/State and Zip Code	
	Ruddlam E-mail address: (to	o be used forfuture annual report noti	ncation)
For further information co	oncerning this matter, please ca	i1:	
Larror Ri Name of	Person	at (1850) 563 Area Code Daytim	L- 2222 c Telephone Number
Enclosed is a check for th	e 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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 18 AM ID- 25

JMSR Consulting	LLC #11/0.23		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	hy as it now appears on our records) Charles (Carles of Charles of		
The Articles of Organization for this Limited Liability Company			
Florida document number <u>L 19000153825</u>	• •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Champion Motgage and Fin The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3212 Old Barnbridge Rd		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassæ, FL 32303		
Enter new mailing address, if applicable:	3212 Old Bainbridge Rd		
Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street 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 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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an effect	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur		
	he date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	will	not be	listed as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. oth day after the record is filed.	on t	the ea	rlier of
The 9	8 14 22			
The 9	Signature of a member or authorized representative of a member			