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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Eddiness Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: UK	Meets US Name of Lim	A Ventues L	LC_
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ramon	A. Torres Name of Person	
		Firm/Company	
	4973 Cre	Address	ve 73
	<u> </u>	City/State and Zip Code	<u> </u>
	SRTAH E-mail address: (11etics @ Hotmail to be used for future annual report notifica	· Com
For further information co	oncerning this matter, please c	ali:	L: 25
Ramon A Name of	Tores	at (407) 271- Area Code Daytime To	
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UK Meets USA	Ventures	LLC	_
(<u>Name of the Limited Liabi</u> (A Flori	llity Company as it now appears on da Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number $4190025/3$	Company were filed on <u>OC</u> f 93	4. 7 ⁴⁴ , 2019 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line SRT AHNICHES, LLC The new name must be distinguishable and contain the words "Li	a		"L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>		
	 	<u></u>	, , ,
		1 3	• •
Enter new mailing address, if applicable:		<u> </u>	*
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	·-::	•
) <u></u>	
		(2)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		rds, enter the name of the	new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida .	street address	· · · · · · · · · · · · · · · · · · ·
		Florida	
	City	Zip Cod	de

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>	Name	Address	Type of Action
AMBR	Michelle Lee watson-Torres		□Add
			Remove
		Name Change	1 Z Change
			□Add
			□Remove
			☐ Change
			Add T
			Remove
			Change
			□ Remove
		488	□ Change
			
			□Remove
			□ Change
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			□Change

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Michelle
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) The 90th day after
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