## 120000093618

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Only/State/Zip/r Horie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
· · · · · ·					
Certified Copies Certificates of Status					
Certified Copies					
Special Instructions to Filing Officer:					

Office Use Only



200354792432

11/12/20--01008--016 \*\*25.1

SECTION 12 AM 7: 19

O SIMMONS

## COVER LETTER

TO:

	gistration Se vision of Cor		,		
OUD IF OT		ncial Group LLC			
SUBJECT		Name of Lim	ited Liability Company	-11	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Ronald Henri			
			Name of Person		
		Summit Road Investments	LLC		
			Firm/Company		
		12985 NE 4th Ave			
			Address	· · · · · · · · · · · · · · · · · · ·	
		North Miami, FL 33161			
			City/State and Zip Code	<del>.</del>	
		r.henri06@gmail.com			
For further	information c	E-mail address: (	to be used for future annual report no	ntification)	
		oncerning this matter, prease e			
Ronald Her			786 853-2660 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne 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:		Street Address:	action		
Registration Section Division of Corporations			<del>-</del>	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

S & R Financial Group LLC

2023 HOV 12 AM 7: 19

(A Fiorita Limited L	Hability Company)	ANGEE, FL
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/31/2020}{}$	and assign
Florida document number L20000093618		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
S & R Financial Inventment Group LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
	<u> </u>	
		**
B. If amending the registered agent and/or registered office a	ddress on our records, <u>en</u>	ter the name of the new re
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this canacity	I further garee to comply y
i nover, accept the appearance as registered agent and agree	to an act in this cupacity.	, janiner agree to compay i

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 or removed from our records:  MGR = Manager AMBR = Authorized Member		ED	
<u>Title</u>	<u>Name</u>	2023 NOV 12 AM 7: 19 Address SECORD AND AND STATE	Type of A
	<u> </u>	THE WASHEE, FL	□Add
			□Remov
			Change
			□Add
			□Remov
			□Change
			□Add
			□Remove
			Change
<del></del> -	<del></del>		
			□Remove
			Change
			DAdd
			□Remove
			□Change
			🗀 Add
		<u> </u>	□Remove

□Change

	7600 NOV 10 AM 7-19
	2023 NOV 12 AH 7: 19
	SEMBELARY OF STATE TALLARYASME, FL
	÷241.1.611143.2461
ective date, if other than the date of filing: a effective date is listed, the date must be specific and cate: If the date inserted in this block does not measument's effective date on the Department of States.	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 set the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not a is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted November 11	2020
Signature of a me	ember or authorized representative of a member
/ / Ronald Henri	
	Typed or printed name of signee

Filing Fee: \$25.00