## L210000 66589

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## **COVER LETTER**

TO: Registration Section Division of Corpor	rations		
SUBJECT:	SRS Loyall	ted Piability Company	<u>c</u>
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Stepha	Name of Person	
	SRS U	akulty Service L	LC
	6776 Brith	any Cherje Ct	
	orlando	City/State and Zip Code  2053 VAhoo . Oo No o be used for future annual report not	
-	MS. Stephan. E-mail address: (1	$e 253 \bigcirc YAh \bigcirc .$ Oo $n$	ification)
For further information conc	erning this matter, please ca	ill:	
Stephanie Name of Pe	DoHs_	at (407) 269 Area Code Daysir	- 1683 ne Telephone Number
Enclosed is a check for the t	following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec		Street Address: Registration Se	
Division of Cor	porations	Division of Co The Centre of	•

Tallahassee, FL 32314

TO:

2415 N. Mouroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SRS Loyalty Service CLC	2021 AUG 25 PH 4: 18
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords: CRETARY OF STATE
<b>a</b> .	
The Articles of Organization for this Limited Liability Company were filed on Februa	and assigned
Florida document number <u>L 2100066589</u> .	V
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, en agent and/or the new registered office address here:	nter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fiorida street a	ddress
	, 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, provisions of all statutes relative to the proper and complete performance of my dutie accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	es, and I am familiar with and 605, F.S. Or, if this document is

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

711111111			
Title	<u>Name</u>	Address	Type of Action
AMBR	Steve Tanner JR	6716 Brittany Chase Ct	Add
		Orlando FL 32810	□Remove
			Change
AMBR	Stephanie Dotts	6776 Brittany Chase Ct	□Add
		Orlando FL 32810	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			 □Remove
			···
			□ Change

	information, enter change(s) b			
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Note: If the date inserted	than the date of filing:  ne date must be specific and cannot be pain this block does not meet the aper on the Department of State's reco	plicable statutory filing red	(optional) han 90 days after tiling.) Pursuan quirements, this date will not	t to 605.0207 be listed as
he record specifies a delaye ord is filed.	ed effective date, but not an effective	ve time, at 12:01 a.m. on th	ne earlier of: (b) The 90th da	ay after the
Dated 8 18 21	Signature of a member or	authorized representative of a	member	
	Stephanie D	orinted name of signee		