# 121000105322

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	
J. HORNE	
J. HORNE FEB - 1 2022	
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Office Use Only	



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## RECEIVED

2022 JAN 28 AM 8: 57

# FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRÉTARY DE STATE TALLAHASSEE, EL

January 10, 2022

SACHIN PAWA 4900 NW 83RD PATH DORAL, FL 33166 US

SUBJECT: SRP EQUITIES LLC Ref. Number: L21000105322

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document; along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine NHorne Regulatory Specialist II

Letter Number: 322A00000683

www.sunbiz.org

CO POV COOR Wellshamme Florida 202

#### **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpo	orations		
SUBJECT: SR	P EQUITIE	S LLC ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	a the following:	
reduction an extension	rence concerning and maner a	o die jodownig.	
	SACHIN	PAW A	
		Name of Person	
	SRP EO	VITIES LLC Firm/Company	
	4900 NW	83 rd PATH Address	
	DOFAL F	City/State and Zip Code  CA C GMA-IL  o be used for future annual report nout	
		City/State and Zip Code	
	SACHINPA	WA CO GMAPL	-· 6M
	E-mail address: (to	o be used for future annual report notif	lication)
For further information con	cerning this matter, please ca	11;	
SACHIN 1	muA	$\underbrace{\begin{array}{c} \text{at } (516) \\ \text{Area Code} \end{array}}_{\text{Area Code}} \underbrace{\begin{array}{c} 858 \\ \text{Daytime} \end{array}}_{\text{Daytime}}$	9700
Name of P	erson	Area Code Daytime	: 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 Addisses		C	
Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Sec	rtion
Division of Cor		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JAN 28 PM 1: 06

SRP FourTle  (Name of the Limited Liability Company as i (A Florida Limited Liability	s LL-C	SECRETARY OF STATE TALLAHASSEE, FL. 34
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	now appears on our records.  Company)	)
The Articles of Organization for this Limited Liability Company were	filed on	and assigned
Florida document number <u>L21000105322</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ss on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	itv	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided the control of the control o	rmance of my duties, and	l Lam familiar with and

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SACHIN PAWA	MADO NW C379 PATH	DANdd
		DORAL, FL 33166	□Remove
			□Change
			🗆 🗆 Add
			Remove
			□Change
			□Add
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ective date, if other than effective date is listed, the date e: If the date inserted in thi ument's effective date on th	must be specific and car is block does not mee	nnot be prior to date at the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) I rements, this date w	Pursuant to 605,0207 ill not be listed as
oord specifies a delayed effe filed.	ctive date, but not an	effective time, at	12:01 a.m. on the c	arlier of: (b) The	90th day after the
ed 01 25 21	<del></del> , -	_ <del></del> .			
ed 01 25 21	·	Jan.			
ed 01 25 21	Signature of a med	niber or authorized r	epresentative of a me	mber	

Filing Fee: \$25.00