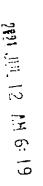
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations			
SUBJECT: S.R.I.S. L	egal LLC		
Subject. Garage	Name of Limited Liabil	ity Company	
The enclosed Articles of Amendment and	I fee(s) are submitted to	r filing.	
Please return all correspondence concern	ing this matter to the fol	lowing:	
-2COX	lett Sing	me of Person	<del></del>
<u>S.R.1</u>	S Legai	LLC m/Company	
15795	<u>Menton</u>	Boy Court	
Delro	y Beach. City/St	FL 33441	<u>Lo</u>
<u>Sris</u>	icgal @Gim	for future annual report notifica	tion)
For further information concerning this n	natter, please call:		
Scarlett Sinah Name of Person	aı	( <u><b>501</b></u> ) <u>703-70</u> Area Code Daytime To	o7a
Enclosed is a check for the following am	ount:		
\$25.00 Filing Fee \$30.00 File Certification	te of Status Co	5.00 Filing Fee & ertified Copy Iditional 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 Tallahassee, F1, 32314		Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S	rations lahassee
		Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>しない00133143</u> .	were filed on MARCK	1 29 and assigned
Florida document number <u>LA1000193119</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:	<del></del>	~
(Mailing address MAY BE A POST OFFICE BOX)		Ä
	_	6: 1
	•	. 6
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 registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	t address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SRIS LEGAL LLC

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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reffective date is listed, the date must be specific and cannot be prior to date of filing or	ing requirements, this	date w	ill not be listed a
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reffective date is listed, the date must be specific and cannot be prior to date of filing or term of the date inserted in this block does not meet the applicable statutory filing the cument's effective date on the Department of State's records.			
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