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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS MAR - 8 2022

COVER LETTER

TO:

Registration Section

DIVISION OF COP	porations		
S.R.S IMPO			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
·		•	
	SUSANA MATTOS		
		Name of Person	
		Firm/Company	
	14222 MARGINADA CR		
		Address	
	MIAMI LAKES, FL, 3301	4	
		City/State and Zip Code	
	susana@elear2elosehomelo	ans.com to be used for future annual report notil	
			(Cittern)
For further information c	oncerning this matter, please ca	all:	
SUSAMA MATTOS		754 266623 at ()	
Name o	l'Person	at () Area Code — Daytimo	: Telephone Number
Enclosed is a check for the	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 Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, l	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

221115-1 11112:06

S.R.S IMPORTS LLC

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

The Articles of Organization for this Limited Liability Compar	ny were filed on 01/18/2022	and assigned
Florida document number L22000031839		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lig	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "	LLC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BON)		
	-	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street ac	ldress
	City	. Florida
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
Thereby accept the appointment as registered agent and a		

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 vernoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSANA MATTOS	14222 MARGINADA CT, MIA	MI LAKES, FL. 33014 ■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊒Add
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		_	□Add
			□Remove
			□Change

	
te: If	date, if other than the date of filing: 0-25 2022 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed	
is filed	Signature of a member of authorized representative of a member