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2022 MAR -8 AM 8: 20

A. BUTLER MAR 2 1 2022 SUBJECT: SRP GLOBAL INVESMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: POLO, CARLOS A, Name of Person MGR Firm/Company 6316 SW 127TH PLACE Address KENDALL, FL 33183 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: POLO, CARLOS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

## ARTICLES OF ORGANIZATION OF

FILED

SRP GLOBAL INVESMENT 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 Company were filed on O2/17/2022 SICRETARY OF and assigned Florida document number L22000078505

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:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida street ac	ddress
Name of New Registered Agent:		

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

(Mailing address MAY BE A POST OFFICE BOX)

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 Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_\_

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ROPAIN JUAN SEBASTIAN	6316 SW 127TH PLACE	
		KENDALL, FL 33183	□Remove
			Change
AMBR_	POLO CARLOS A	14050 BISCAYNE BLVD APT 917	□Add
		NORTH MIAMI BEACH, FL 33181	□Remove
			EChange
<del></del>			
			□Remove
			□Change
			□Add
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			Change
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			□Remove

Signature of a member or authorized representative of a member	menumg a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00