L22000191087

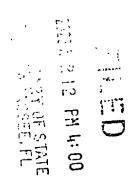
(Requestor's Name)
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R. HUNT 04/12/22

COVER LETTER

TO: Registratio Division of	n Section Corporations		
	B MANAGMENT HOLDINGS I	LLC	
SUBJECT:			
		imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
	MARINE GOLD		
		Name of Person	
	SWAPAMORTGAGE		
		Firm/Company	~3
	561 PIONEER WAY		
		Address	
	22 PH 11		
	MARINE@SWAPAMO	City/State and Zip Code PRTGAGE.COM	L STATE
	E-mail address	s: (to be used for future annual report not	itication)
For further information	on concerning this matter, please	e call:	
MARINE GOLD		347 744-0473	
Nar	ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e ☐ \$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 Add		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box		The Centre of T	
Tallahasse	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRMB MANAGMENT HOLDINGS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000191087</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SRMB MANAGEMENT HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		* 3 + 2
(Principal office address MUST BE A STREET ADDRESS)		7 17 31 - -
Principal office address MOST BE A STREET ADDRESS		:U
	ستي هو يا ما در الله الله الله الله الله الله الله الل	7 73 1
	₩	<u>-</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>
	Lı	n O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new regis
	Enter Florida street address	
·	, 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. 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
···			
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			Add
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			□Change

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effective date is listed, the date must be specific e: If the date inserted in this block does no	and cannot be prior to	date of filing or r	nore than 90 days	after filing.) Pi	ursuant to II not be	605.02 listed
ument's effective date on the Department's	of State's records.	ne statutory min	is requirements			
record specifies a delayed effectivence 90th day after the record is file	e date, but not ed.	an effective	time, at 12:0)1 a.m. on	the e	arlier
APRIL 4TH ed	2023					
Sionature o	f a member or authori	zed representativ	of a member			_