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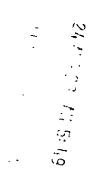
-	(Requestor's Name)
	(Address)
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☐ PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Submission Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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COVER LETTER

TO:

TO: Registration Division of C			
	ME. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for tiling.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIANA R ROSALES	DUQUE	
		Name of Person	
	SR 5 HOME, LLC		
		Firm/Company	
	3844 TREE TOP DR		
		Address	
	WESTON, FL. 33332		
	51 11 62 11	City/State and Zip Code	
	sr5homellc@gmail.com E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
MARIANA R ROSAL	ES DUQUE	786 8134737	
Name	e of Person	at () Area Code Daytin	ne 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 Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SR 5 HOME LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on FLORIDA	and assigned
Florida document number L22000429444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	.;
Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
-		group ands
		. ci
Enter new mailing address, if applicable:	N/A	69
Mailing address MAY BE A POST OFFICE BOX)		
-		
3. If amending the registered agent and/or registered office	address on our records, enter	the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addres	S
	E.M.	ouido

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	RAFAEL E SOTO CHEBLY	3844 TREE TOP DR	□ Add
		WESTON, FL. 33332	≣Remove
MGR ANA VICT	ANA VICTORIA SOTO ROSALE	3844 TREE TOP DR	= Add
		WESTON, FL. 33332	□Remove
			Change
			Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change

N/A		····	
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	08/01/2024		
ctive date, if other than the	e date of filing:	(opt	ional)
	ist be specific and cannot be prior to date lock does not meet the applicable s		
ument's effective date on the L			
	ve date, but not an effective time, a	12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.			
AUGUST 01	2024		
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Typed or printed name of signee