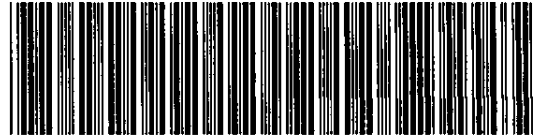


M07000001946



300293931363

01/10/17--01007--005 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
2017 JAN 10 A 11: 25
SECRETARY OF STATE
TAMPA, FLORIDA

S Warren
JAN 11 2017

HERMANN & GOVIN

134 SOUTH DIXIE HIGHWAY, SUITE 100
HALLANDALE BEACH, FLORIDA 33009

Telephone (305) 356-8403 Facsimile (786) 899-2720
www.hg-law.com

JAMES W. GOVIN, ESQ.
ATTORNEY AT LAW
DIRECT LINE: (786) 206-7995
JGOVIN@HG-LAW.COM

January 5, 2017

Via US Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: SRP, LLC

Dear Sir/Madam:

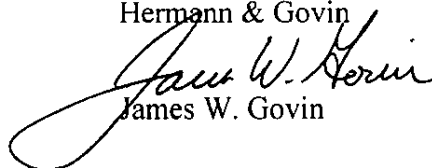
Enclosed please find the following documents and fees:

1. Articles of Amendment \$25.00

TOTAL FEES: **\$25.00**

Should you have any questions, do not hesitate to contact me. Thank you.

Hermann & Govin



James W. Govin

Enclosures/ck.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James W. Govin
Name of Person

Hermann & Govin
Firm/Company

134 S. Dixie Hwy, Suite 100
Address

Hallandale Beach, FL 33009
City/State and Zip Code

jgovin@hg-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Govin at (786) 206-7995
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SRP, LLC

Enter new principal office address, if applicable: 134 S. Dixie Hwy

*(Principal office address
MUST BE A STREET ADDRESS)*

Suite 208

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

134 S. Dixie Hwy

Suite 208

Hallandale Beach, FL 33009

2. The Florida document number of this limited liability company is: M07000001946

3. Jurisdiction of its organization: Nevis

4. Date authorized to do business in Florida: April 3, 2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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

Name of New Registered Agent: James W. Govin

New Registered Office Address: 134 S. Dixie Hwy, Suite 100

Enter Florida Street Address

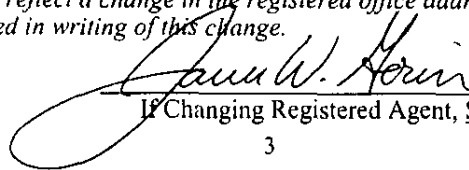
Hallandale Beach, FL, Florida 33009

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 Changing Registered Agent, Signature of New Registered Agent

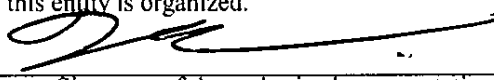
FILED
2007 JAN 10 A 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Renee Mandell</u>	<u>4400 Sheridan Street</u>	<input type="checkbox"/> Add
		<u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Robert Shan</u>	<u>134 S. Dixie Hwy, Suite 208</u>	<input checked="" type="checkbox"/> Add
		<u>Hallandale Beach, FL 33009</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Robert Shan

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2011 JAN 10 A 11: 25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA