## P200000 40971

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: SRR SOLUTIONS	S. INC.	
	JMBER: P20000040971		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	CAROLINE ALVARADO		
		Name of Contact Persor	1
	SRR SOLUTIONS, INC.		
		Firm/ Company	
	5937 BENT PINE DR. APT	1410	
	<del></del>	Address	
	ORLANDO / FL. 32822		
		City/ State and Zip Code	e
	carolinealvarado[1@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
CAROLINE ALV	/ARADO	at (	805 2215
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	e □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SRR SOLUTIONS, INC.

SRR SOLUTIONS, INC.			<del></del> .		
(Name of Corporation	as currently	filed with the Florida I	Dept. of State)		
P20000040971					
(Docume	nt Number of (	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>F1</i>	orida Profit Corporatio	on adopts the fo	llowing ame	ndment(s) t
A. If amending name, enter the new name of the cor	poration:			The	new
name must he distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A			eviation "Co	orp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u> )	<u> </u>			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	N/A		2021 NOV 19	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	fice address:		<u> </u>	AN11:51	<del>∏</del> O
Name of New Registered Agent		N/A			60
New Registered Office Address:	(Florida stree	t address)	Florida	N/A	
		lity)	<del></del>	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I d		th and accept the obliga	ntions of the pos	iition.	
Signati	ure of New Reg	istered Ag <mark>ent, if chang</mark> i	ng		
Check if applicable					

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SEBASTIAN RODRIGUEZ R	OJAS 5937 BENT PINE DR. APT 1410
Add			ORLANDO / FL. 32822
X Remove			
2) Change	P	CAROLINE ALVARADO MU	JNOZ 5937 BENT PINE DR. APT 1410
X Add			ORLANDO / FL. 32822
Remove Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

	nending or adding additional Arti ch additional sheets, if necessary).	(Be specific)			
	<u> </u>	<u> </u>			·
				_	
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fan	amendment provides for an exch	ange, reclassificati	on, or cancellatio	n of issued share	<u>s,</u>
	visions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ained in the amer	idment itself:	
prov	(y nor apprecion, marcure may)				
prov			• • • • • • • • • • • • • • • • • • • •		
prov					

	ch amendment(s) adoption:, if other the signed.
Effective date <u>i</u>	if applicable:
	(no more than 90 days after amendment file date)
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.
Adoption of Am	mendment(s) ( <u>CHECK ONE</u> )
The amendm action was no	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) eholders was/were sufficient for approval.
	nent(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):
"The m	number of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	Dated
	Signature
	Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Title of person signing)