

105000000798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

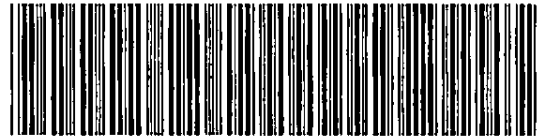
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/18/17 BY 60322
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

2017 SEP 18 PM 1:55

FILED

K SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surfside, 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:

Janet MAIZIANI
Name of Person

Firm/Company

10 UNCLE Nick's Rd
Address

W. Dennis MA 02670
City/State and Zip Code

JEMCAPECOD@COMCAST.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Maiziani at (774) 212 1043 or 508 398-9545
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 SEP 18 PM 1:59
FALL RIVER, MA
FALL RIVER, MA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If anrrendering 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------------------|---|
| MGR | Janet MARIANI | 151 A BRISTOL LN Naples, FL 34112 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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2008 SEP 8 PM 2:00
TALLAHASSEE, FL
JANET MARIANI

1L
2017 SEP 18
FALLA HASSALL, FI

FILED
2017 SEP 18 PM 2:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9-13-17

Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

x Thomas Rubin
Typed or printed

Typed or printed name of signee