

121 000492030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

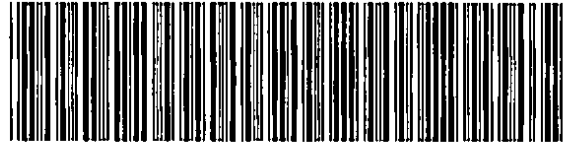
(Business Entity Name)

(Document Number)

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22 JUN 28 PM 3:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. MATTHEWS

JUL 13 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 28 AM 11:08

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FL

May 26, 2022

PIERRE ALEX ALY
1130 EAST MOWRY DRIVE #102
HOMESTEAD, FL 33030

SUBJECT: SURPLUSFUNDHERO LLC
Ref. Number: L21000492030

We have received your document for SURPLUSFUNDHERO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 122A00011961

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surplusfund hero
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:

Pierre Alex Aly
Name of Person

Surplusfund hero
Firm/Company

1130 East Mowry Dr #102
Address

Homestead, FL 33030
City/State and Zip Code

contact@surplusfundhero.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Alex Aly at (786) 327-0683
Name of Person Area Code Daytime 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 JUN 28 PM 3: 22

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

The Articles of Organization for this Limited Liability Company were filed on Nov. 15th, 2001 and assigned Florida document number L21000492030.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13727 SW 152ND ST PMB 1306
Miami, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1130 East Mowry Dr #102
Homestead FL 33030

B. If amending the registered agent and/or registered office 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: _____

New Registered Office Address: _____

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 13th, 2022

Signature of a member or authorized representative of a member

Pierre A. All

Typed or printed name of signee