105000056276

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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2015 SEP 28 PM 4: 14
SECRETARY OF STATE
ANALYSEE, FLORIDA

2015 SEP 28 PM 4: 14

K.SALY EXAMINER SEP 3 0 2015

COVER LETTER

	Division of Corp	orations		
SURI	41 Pine LLC			
200		Name of Limit	ted Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Pleas	e return all correspon	dence concerning this matter to	o the following:	
		Jeffrey Jacobson		
			Name of Person	
			Firm/Company	
		903 San Carlos Drive		
			Address	 -
		Fort Myers Beach, Florida	33931	
			City/State and Zip Code	
		jeffjjake7@aol.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For f	urther information co	ncerning this matter, please ca	ıll:	
Jeffrey Jacobson			at (115) 853 - 69 Area Code Daytime	855
	Name of	Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 SEP 28 PM 4: 15
ALLAHASSEE, FLORETE

41 PINE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L05000056276 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Andrew McWilliams	11661 Memory Lane	☐ Add
		Fort Myers, Florida 33919	■ Remove
			□ Change
			Add
			Remove
			Change
			SET OF DREMOVE OF THE CHARGE
			□ Add
			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00