

L06000011526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

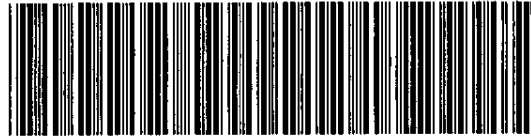
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 MAY - 9 AM 10: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 11 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surf 9 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:

Jason R. Maughan, Esq.
Name of Person

Law Offices of Jason R. Maughan, P.A.
Firm/Company

1101 Periwinkle Way, Suite 103
Address

Sanibel FL 33957
City/State and Zip Code

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

For further information concerning this matter, please call:

Jason R. Maughan at (239) 472-2424
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/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
12 MAY -9 AM 10:56

Surf 9, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 02/01/2006 and assigned Florida document number LO6 0000 11526

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 end with 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:

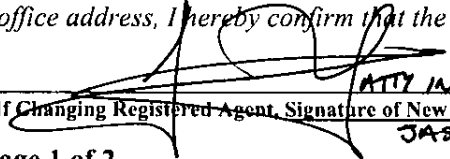
Name of New Registered Agent: _____

New Registered Office Address: _____

16120 San Carlos Blvd. Unit #9
Enter Florida street address
Fort Myers, Florida 33908
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 608, 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
ATTY IN FACT FOR JOHN CHENCINER
JASON R. MAUGHAN ESQ

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

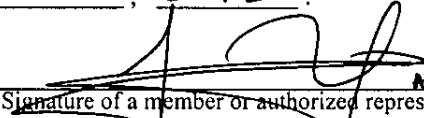
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Chenciner, John	1200 Kittiwake Circle Sanibel, FL 33957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Chenciner, John	16120 San Carlos Blvd. Unit 9 Fort Myers, FL 33908 US	<input checked="" type="checkbox"/> Add <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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 12 MAY -9 AM 10: 56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated MAY 7, 2012


 AS ATTY IN FACT FOR JOHN CHENCINER
 Signature of a member or authorized representative of a member
Jason R. Maughan, ESQ
 Typed or printed name of signee