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SECRETARY OF SIAIL DIVISION OF CORPORATION

## **COVER LETTER**

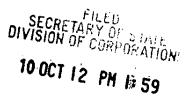
TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Hability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PAUL TAIPP  Name of Person
	Name of Person
	Surcoast Runna, LLC Firm/Company
	18855 SR 54 Address
	Lutz, FL 33558 City/State and Zip Code
	Paul e Succoastumenta - Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
PA	AUL TRIAN  at (8/3) 477-7732  Name of Person  Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>∟</b> \$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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



Surcoast	Russing	LLC		
Name of the Limited	Liability Company Florida Limited Li	as it now appears ability Company)	on our records.	
The Articles of Organization for this Limited Li	ability Company v			and assigned
Florida document number 409000516	<u>26</u> .			
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	fthe limited liabil	ity company here	· VIA	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Compan	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	•		<u>.</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or the new registered of			ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SAME			
New Registered Office Address:	18855 SI		er Florida street add	dress
	Lutz	23.77	, Florida	
	<u>,</u>	City	, Fiorida <u></u>	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 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 **Title** Name Address **Type of Action** ☐ Add Remove ☐ Add Remove \_ Add Remove ☐ Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE II IS AMENDED AS FOLLOWS: THE STREET ADDRESS AND MILLING ADDRESS ARE: OCTOBER 4 , 2010. Dated Signature of a member or authorized representative of a member

Page 2 of 2

PAUL TRIPP

Filing Fee: \$25.00

Typed or printed name of signee