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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	UARTEIL AR	MY SURPLUS LLC ted Liability Company		
	Name of Limi	ted Liability Company		
-				
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
		Name of Person		
		Firm/Company	22	
	83	0 NW 138 TH ST Address	AUG 30	PASIER SE COMPONATION
		AMI FL 33/68 City/State and Zip Code		Twan, trail
	E-mail address: 0	CHACL OUDRIEY HE to be used for future annual report foiling	pleny. Com	E.
For further information cor	ncerning this matter, please ca	all:		
MICHA!	Person	at (786) 89	7 - 5 / 70 Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address: Registration Sec	tion	
Registration Se Division of Co		Division of Corp		
P.O. Box 6327		The Centre of Ta	allahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	Almy SURPL lity Controlly as it now la Limited Liability Con	appears on our records.)	เฟริเซลี ซีลี 22 Aug 3
The Articles of Organization for this Limited Liability Florida document number <u>2090000</u> 91 4	Company were filed 95.	on <u>9-22-0</u>	9 and assigned:
This amendment is submitted to amend the following:			30
A. If amending name, enter the new name of the lin	nited liability comp	any here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company	/," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3399 NW 76	
(Principal office address MUST BE A STREET ADD		SUITE 118	
		MIAMI, FL	33/22
Enter new mailing address, if applicable:		SAME AS	ABOUE
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here:		our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	MI	CHAEL A LOGA.	<u> </u>
New Registered Office Address:	8.30 A	UW 1.38 TH ST nter Florida street address	
	MIAMI	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

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
PRESTDENT	MICHAELA LOGAN	830 NW 138 TH ST	LAdd
		<u>MIAMI, FL 33/68</u>	□Remove
			□Change
			□Add
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an effective d ate: If the o	e, if other than the out is listed, the date must late inserted in this blockfective date on the De	be specific and one of the control o	cannot be prior seet the applic	to date of filing able statutory	or more man	o uays anci ii	ing, it ursuant to	605.020 listed a
roeard speci	fies a delayed effective	date, but not	an effective ti	ime, at 12:01	a.m. on the c	arlier of: (b)	The 90th day a	ifter the
is filed.			20.25)				
l is filed.	08-2	<u>,,, </u>	2023		•			