L1200039182

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2023 AUG-7 PM 2: 20
2023 AUG-7 PM 2: 20

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	CHM Millia	MS LLC	
	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Crysta	Name of Person	
		Firm/Company	
	581 N	Park Are #11	\
	_ApopK	GIFL 32712 City/State and Zip Code	
	Stylesbyc -mail address: (rystal S gm and to bused for future angual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Cystal Name of	Milliams	at (HO) 242-7	1438 Telephone Number
Enclosed is a check for th	e 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 Registration S		Street Address: Registration Sec	etion
Division of C.		Division of Com	

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

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



May 31, 2023

CRYSTAL WILLIAMS 581 N. PARK AVE #14 APOPKA, FL 32712

SUBJECT: CHM WILLIAMS LLC Ref. Number: L12000039782



We have received your document for CHM WILLIAMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 423A00012382

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF C	ORGANIZATION	Eli
O	F	- ILED
CHM William		FILED 2023 AUG - 7 PM 2: 20
(Name of the Limited Liability Compa (A Florida Limited	<u>iny as it now appears on ou</u> Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L120000 39782</u> .		TALLAHASSEE, FLORIDA and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Surmount G	STROUD LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "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)		1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	or address
	isher Florida Siret	CC MMM7 C33
	City	, Florida
	~··V	Sip Conc

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>	<u>Address</u>	Type of Action
MGR	Crystal Miliams, Truster	535 Cooper Commence Dr.	X 1Add
	Crystal Williams, Truster of the Crystal Antonette Williams Living Thrst	Sute 320 Apopka, FL 32703	□Remove
	Living Trust	Apop Ka, FL 32703	□Change
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ecord specifies a delayed effe	ective date, but n	ot an effective t	me, at 12:01 a.r	n. on the earlier o	f: (b) The 90t	h day aft	er the
is filed.							
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	Signature of	a member or auth	orized representat	ive of a member			

Filing Fee: \$25.00