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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	SURLAKE INVE	STMENT FINANCE, LLC	
	Name of Lim	ited Liability Cempany	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Javier Markowicz		
		Name of Person	
	Markowicz International L	aw Co.	
		Firm/Company	
	2999 NE 191 St; Suite 702	•	
		Address	
	Aventura, FL, 33180		
		City/State and Zip Code -	
	jmarkowicz@mrkinternatio		
	E-mail address: (to be used for future annual report n	otification)
For further information of	oncerning this matter, please c	all:	
Javier Markowicz		786 371-1295 at ()	
Name o	f Person .	Area Code Day1	ime Telephone Number
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration 5	ivetion
Division of C		Division of C	
P.O. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURLAKE INVESTMEN	NT FINANCE, LLC	•	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/18/2012	and assigned
lorida document numberL12000052774			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		,	• =
			P
nter new mailing address, if applicable:			PH 12:
Mailing address MAY BE A POST OFFICE BOX			ယ္ 🔆
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3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	a street address	
		, 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rafael Ubilla	2999 NE 191 St Suite 702 Aventura, FL, 33180	= Add
			□Remove
			□Change
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fective date.	f other than the date of filing:	(option	nal)
in effective date	is listed, the date must be specific and cannot be prior to conserted in this block does not meet the applicable	date of filing or more than 90 days after f	iling.) Pursuant to 605.020
	tive date on the Department of State's records.	ic statutory ming requirements, tins	date will not be fisted a
	a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
is filed.			
	August 10 2021	. .	
nted	August 10 2021		
	Signature of a member or authoriz	ged representative of a member	-
		l: N	

Filing Fee: \$25.00