## 1200053701

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		(3)

Office Use Only

MARUS 2013 B. KOHR



900245322119

03/07/13--01009--030 \*\*25.00





## COVER LETTER

TO:

Registration Section -

Division of Corporations

SURYA PINES 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:

ELSAMMA ANTONY THOMAS

Name of Person

SURYA PINES LLC Firm/Company

16251 NW 19th STREET
Address

PEMBROKE PINES FL 33028
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSAMMA SEBASTIAN at (954) 804 - 7015

Name of Person

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

SURYA PINI	ES LL	_	<u> </u>	
SURYA DINA (Name of the Limited I (A I	Liability Company Florida Limited Lia	y as it now appears on o ability Company)	our records.)	CO PA
The Articles of Organization for this Limited Lia	bility Company v	were filed on	1/19/2012	and assigned
Florida document number	537.01		,	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," tl	ne designation "LLC"	or the abbreviation
Enter new principal offices address, if applical	ble:	SURVA F	INES LL	-C
(Principal office address MUST BE A STREET	ADDRESS)	SURVA F 1450 Nh	0 1615+ A	IVE
		PEMBROK	E PINES	FL 33028
Enter new mailing address, if applicable:		1450, N PEMBROK	W 1615+	AVE
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	PEMBROK	E PINES	, FL-33028
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, <u>enter the 1</u>	name of the new
Name of New Registered Agent:	_ ROSAI	MMA SEBA NW 161 <sup>ST</sup>	9STIAN	
New Registered Office Address:	1450	NN) 161 <sup>57</sup> Enter Flo	AVE prida street address	<del></del>
	PEMBR	OKE PINES	Florida <u>33</u>	3028
		CIN'	Z	ip 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEIR	ELSAMMA ANTONY THOMAS	16251 NW 19th STREET	Add
		PEMBROKE PINES	Remove
		FL.33028	
MGR	ROSAMMA SEBASTIA	N 1450 NW 161STAVE	Add
		PEMBROKE PINES	Remove
		FL-33028	
***************************************	<u> </u>		Add
			Remove
			Add
			Remove
	<u></u>		Add
			Remove
			_
	<del></del>		Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	03/04/2013
	Rosamma Separtian
	Signature of a member or authorized representative of a member
	ROSAMMA SEBASTIAN  Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00