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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	_
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



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at the same

COVER LETTER

TO: Registration Division of C	Section Corporations		
CUD HATE.	Surf City Distributing LLC		
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are sub-		
	Juan Ovalle		
		Name of Person	
	Surf City Distributing LLC		
		Firm/Company	·
	2637 E Atlantic Blvd #294	161	
	<u> </u>	Address	- -
	Pompano Beach, FL 33062	2	
		City/State and Zip Code	
	ovalle.john@gmail.com	to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca		
juan ovalle		714 845-7121 at ()	
Nar	ne of Person	at ()	Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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

Suri City Distributing LLC	
(Name of the Limited Liability Compa (A Florida Limited	ngy as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000097217</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nility company here:
Surf City Distributing LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	juan ovalle
(Principal office address MUST BE A STREET ADDRESS)	3051 E sunrise Lakes Dr. 210 Sunrise, FL 33322
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2637 E Atlantic Blvd #29461 Pompano Beach, FL 33062
registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City . Florida
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
VP	Juan Ovalle Sr	3051 E sunrise Lakes Dr 210	
		Sunrise, FL 33322	■ Remove
			□ Change
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			Remove
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		3.1	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be pete: If the date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	ior to date of filing or more licable statutory filing re	(optional) than 90 days after filing.) Pursus quirements, this date will no	ant to 605,020 of be listed as
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective time	e, at 12:01 a.m. on the	e earlier o
ed July 5th 2017			
- A mill	<u> </u>		
Circumstant of a marriage of the	thorized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00