

L13000005468

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMART TAX

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Fax Number : (954) 366-3239

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

UBX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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TALLAHASSEE, FLORIDA

14 MAY 28 AM 9:17

J. Shivers MAY 29 2014

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UBX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/10/2013 and assigned
Florida document number L13000005468

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SURFUSION LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SMART TAX

New Registered Office Address:

535 E SAMPLE RD.

Enter Florida street address

POMPANO BEACH

Florida 33064

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.

Guanda Sola - President
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SERGIO M. JATOBA	398 SE MIZNER BLVD STE 1909	<input type="checkbox"/> Add
		BOCA RATON, FL 33442	<input checked="" type="checkbox"/> Remove
MGRM	AMANDA MARIA D'ELIA	5781 SW 13th STREET	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33317	<input type="checkbox"/> Remove
MGRM	FRANCISCO V. D'ELIA	538 SE MIZNER BLVD STE 1909	<input type="checkbox"/> Add
		BOCA RATON, FL 33442	<input checked="" type="checkbox"/> Remove
MGRM	FRANCISCO D'ELIA	5781 SW 13th STREET	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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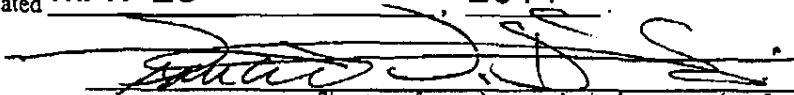
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MAY 28** **2014**



Signature of a member or authorized representative of a member

MGRM - FRANCISCO D'ELIA

Typed or printed name of signee

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