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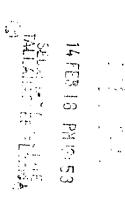
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J. Shivers FEB 1 9 2014

COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT: SURFACE		ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	uitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	HASSAN EL-YOUSE	F	
		Name of Person	
		Firm/Company	<u></u>
	2840 W. BAY DR. #1	36	*
		Address	
	BELLEAIR BLUFFS,		
	,	City/State and Zip Code	
	HASSAN@OVERWA	TERSUP.COM be used for future annual report notific	ation)
For further information cor	cerning this matter, please cal		,
HASSAN EL-YOUS	FF	at (727) 686-5599	
Name of I			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

SURFACE GLOBAL, LLC				
(Name of the Limited Liability C (A Florida Liu	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Conference Florida document number L1300006959	npany were filed on 01/14/2013	8	ınd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
OVERWATER, LLC				
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or	the abbrevi	ation "L.I	C."
Enter new principal offices address, if applicable:		 		
(Principal office address MUST BE A STREET ADDRES	(22)		<u>;</u>	
			(7)	3
		# *		
Enter new mailing address, if applicable:		er-west	ආ	
(Mailing address MAY BE A POST OFFICE BOX)		71		,
(Mauring duaress MAT BE A FOST OFFICE BOX)		*U.V ==		*
		By Bur	<u>- 업</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ter_the	name of	f the nev
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
	, Florida	ì		
	City		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 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 = MR $AMBR = AR$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Add
			Remove
			□ Add
			Remove
			# 10 Test
			Jo- □Remove
			□ Add
			☐ Remove
			□ Remove
		·	

fective date, if other than the date of fee effective date must be specific, cannot be priored date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
ted 02/14/2014	
nted 02/14/2014	·
H	of a member or authorized representative of a member

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Filing Fee: \$25.00