L130000041442

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COVER LETTER

TO:

Registration Section
Division of Corporations

SURGE, AGUAS CLARAS GROUP 1, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

305 932-6262

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
Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUAS CLARAS GROUP 1, 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 Liab Florida document number L13000041442	bility Company	were filed on 03/19/2013	and assigned	
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	•	ility company here:	ASSEE, FLOR	
The new name must be distinguishable and end with "L.E.C."	the words "Limi	ted Liability Company," the d	esignation "LLC" cathe abhaviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2875 NE 191st Street, Suite 801		
		Aventura, FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2875 NE 191st Street, Suite 801 Aventura, FL 33180		
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address hen	<u>e</u> :	ds, enter the name of the nev	
Name of New Registered Agent:	Daniel J. Serber			
New Registered Office Address:	2875 NE 19	91st Street, Suite 801		
	Enter Florida street address			
	Aventura		Florida 33180	
		City	Zip Code	
Many Durintaged Againsts Cimpatons if shanging Da	wistoned Agents			

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
				
		·	Add	
			Remove	
-			Add	
			TALLAHA F	
			FILED	
			SEP 11 PH 1: SEP 1	
			Add	
			Remove	
			Add	
		-	Remove	

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	José Schachner New Address: 2875 NE 191" Street, Aventura, FL 33180
	Jacqueline Toha New Address: 2875 NE 191 st Street, Aventura, FL 33180
Dated _	August 22 nd ,2013
	Signature of a member or authorized representative of a member
	Jose Schachner – Manager
	Typed or printed name of signee

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