

SEP-17-2014 WED 04:18 PM

Division of Corporations

Fax No.

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L13000118297

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000219010 3)))



H140002190103ABCS

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI
Account Number : I20090000006
Phone : (305) 755-9500
Fax Number : (305) 714-4340

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SURE EQUITIES, LLC**

Certificate of Status	0
Certified Copy	1
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SEP 18 2016

A. LUNT

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Corporate Filing Menu

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H140002190103

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SURE EQUITIES, LLC

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

2014 SEP 17 AM 11:57
FILED

The Articles of Organization for this Limited Liability Company were filed on August 21, 2013 and assigned
Florida document number L13000118297.

This amendment is submitted to amend the following:

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

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

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>
MGR	Robert P. Sherman	1900 NE 193rd Street	<input type="checkbox"/> Add
		Miami, FL 33179	<input checked="" type="checkbox"/> Remove
MGRM	Christopher Kalivokas	3603 Granada Blvd.	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
MGRM	Roger Miller	2601 Biscayne Blvd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
MGR	Roger Miller	2601 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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24 SEP 17 PM 11:57

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FAX NO.

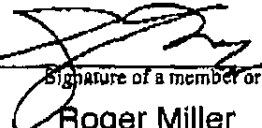
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 9/16, 2014.



Signature of a member or authorized representative of a member
Roger Miller

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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