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COVER LETTER

TO: Registration Section
Division of Corporations

Surgert. Patriot Associates 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:

Kenneth Kasten

Name of Person

Patriot Associates LLC

Firm/Company

10920 Pines Blvd.

Address

Pembroke Pines, Florida 33026

City/State and Zip Code

rda2115@att.net

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

For further information concerning this matter, please call:

Raymond Anastas

 $_{at}$ (954) 392-1800

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patriot Associates LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on 9/18/2013	and assigned
Florida document numberL13000132200		-
This amendment is submitted to amend the following	 :	FILE P BOEC -9 P
A. If amending name, enter the new name of the l	imited liability company here:	-9 PH 3:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	lesignation "LLC" or the amereviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		rds, enter the name of the new
name of New Registered Agent:	 	
New Registered Office Address:	Enter Floria	da street address
		Florido
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Raymond Anastas	10920 Pines Blvd.	Add
		Pembroke Pines, FL 33026	Remove
MGRM	Scott Kasten	10920 Pines Blvd.	Add
		Pembroke Pines, FL 33026	Remove
MGRM	Kenneth Kasten	10920 Pines Blvd.	Add
		Pembroke Pines, FL 33026	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

_	Scott Kasten is to added as a 50% member.
•	Raymond Anastas is to added as a 50% member.
Dated <u></u>	December 3 , 2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00