

Division of Corporations

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 26 AM 9:36

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SURTERRA FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 26 2018

S. PRATHER

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

SURTERRA FLORIDA, 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 01/30/2015 and assigned
Florida document number L15000018741.

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 contain 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)

110 N. 11th Street, 2nd Floor

Tampa, Florida 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 Ivan Allen Jr. Blvd NW, 9th Floor

Atlanta, Georgia 30308

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	R. Jake Bergmann	1639 Village Square Blvd	<input type="checkbox"/> Add
		Tallahassee, Florida 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	R. Jacob Bergmann	55 Ivan Allen Jr. Blvd NW, 9th Floor	<input checked="" type="checkbox"/> Add
		Atlanta, Georgia 30308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	James Whitecomb	55 Ivan Allen Jr. Blvd NW, 9th Floor	<input checked="" type="checkbox"/> Add
		Atlanta, Georgia 30308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Todd Alley	55 Ivan Allen Jr. Blvd NW, 9th Floor	<input checked="" type="checkbox"/> Add
		Atlanta, Georgia 30308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Article IV of the Articles of Organization is hereby deleted in its entirety and replaced with a new

Article IV as follows:

"Article IV The Limited Liability Company shall be member-managed, unless
otherwise specified in the operating agreement of the Limited Liability Company."

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

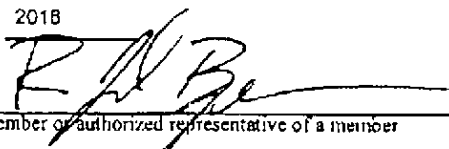
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October: 25

2018



Signature of a member or authorized representative of a member

R. Jacob Bergmann, President

Typed or printed name of signer

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Filing Fee: \$25.00

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