Division of Corporations



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: (614)280-3338

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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.\*\*

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

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SEPe 4.9 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surterra Florida, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000018741}{L15000018741}$ .	were filed on 09/06/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" of	the abbreviation "L 🛱 "		
	2203 N Lois Ave	9 SE		
Enter new principal offices address, if applicable:	Suite 501	6		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter new mailing address, if applicable:		· ·		
(Mailing address MAY BE A POST OFFICE BOX)				
mining united with the control of th				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, e:	enter the name of the new		
New Registered Office Address:	EmerFloridastrectaddress	<u> </u>		
		1.		
<del></del>	, Flori <i>City</i>	ZipCode		
New Registered Agent's Signature, if changing Registered Agent;	1			
I hereby accept the appointment as registered agent and aging provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.:	Lam familiar with and S. Or, if this document is		
If Cha	inging Registered Agent, <u>Signature of i</u>	New Registered Agent		

Page 1 of 3

MGR = Manager

To Page 4 of 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> 'itle</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			□ Remove
			☐ Change
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			Rejjyve
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The 90th day after the record	is filed.		= ·•·		•			
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