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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUREASH	ALE VENTURES LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEFFREY HALE		
	- 	Name of Person	
		Firm/Company	
	2 BEECHWOOD AVE		
		Address	
	LAKE HIAWATHA, NJ	07034	
		City/State and Zip Code	· ·
•	CAUSINHALE@GMAIL.		
		to be used for future annual report notifica	ation)
For further information co	oncerning this matter, please o	all:	2016 ACT 2016
JEFFERY HALE		973 417-7962 at ()	PE S T
Name o	f Person		elephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee., Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section	R ADDRESS:
		Division of Corporati	ons
	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Cente	er Circle
	, - - ·	Tallahassee, FL 3230	

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

SUREASHALE VENTURES LLC

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records. ability Company)	.)
The Articles of Organization for this Limited Liability Company was Florida document number L16000033364	vere filed on <u>FEBEUARY 17,20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		SE PETAFY C
		F STATE
B. If amending the registered agent and/or registered office address here:		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	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

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>	Name	Address	Type of Action
AMBR	IRA TRUST SERVICES COMPA	FBO JEFFREY HALE IRA539727	■ Add
· · · · · · · · · · · · · · · · · · ·		401 EAST 8TH STREET	☐ Remove
		SIOUX FALLS, SD 57103	☐ Change
MGR	JEFFREY HALE	2 BEECHWOOD AVE	
		LAKE HIAWATHA, NJ 07034	□ Remove
			■ Change
			□ Add
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an ef	fective date is listed, the date m	ust be specific an	nd cannot be prior	to date of filing o	r more than 90 days	o ptional) after filing.) Pursuant (to 605.020
lote:	If the date inserted in this	lock does not	meet the applic	able statutory fi	ling requirements	, this date will not b	e listed as
ocun	nent's effective date on the	Jepartment of	State's records				
	cord specifies a delay			t an effective	e time, at 12:0	01 a.m. on the ϵ	earlier o
ine	90th day after the re	cora is filea	•				
	MARCH 19		2016				
ated	WARCH 19		,	<u></u> .			
			<i>/</i> _				
•		/					

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Typed or printed name of signee

Filing Fee: \$25.00