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COVER LETTER

TO:	Registration Sec Division of Corp	tion Porations		.•	
CUDIE	SUERTALL				
SUBJE	CT:		ted Liability Company		
		mendment and fee(s) are subm	_		
Please re	eturn all correspon	dence concerning this matter t	to the following:		
		Gregory R. Fishman			
			Name of Person		
		Gregory R. Fishman, PA			
			Firm/Company		
		2750 NE 185 Street, Ste 20	4		
Address					
		Aventura, FL 33180			
			City/State and Zip Code		
		greg@grfpa.com	o be used for future annual report noti	faction)	
Com front			•	ileation)	
FOT TUTE	ier information co	ncerning this matter, please ca			
Gregory	Fishman		at () 792-6945 Area Code Daytim		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed	d is a check for the	e 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

SUERTALL LLC			
(Name of the Limited (A	Liability Company as it now an Florida Limited Liability Compa	nears on our records.) ny)	
The Articles of Organization for this Limited Liab Florida document number L16000047422	ility Company were filed or	March 7, 2016	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address	on our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this change	and complete performanc red agent as provided for gistered office address, I h	e of my duties, and I a in Chapter 605, F.S. ereby confirm that the	nm familiar with and Or, if t hi s document is

Page 1 of 3

If Changing Registered Agent, Signature of New

. 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>itle</u>	Name	Address	Type of Action
Remove R	GR	Gregory R. Fishman	2750 NE 185 Street, Ste. 204	= Add
			Aventura, FL 33180	□ Remove
Remove R				Change
Change Change Remove Add Remove Add Remove Add Remove				
Add Remove Change Add Remove Add Add Remove				□ Remove
Remove Add Remove Add Add Remove				Change
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ote: If the date inserted	a in this block does n	iling: c and cannot be prior to date to t meet the applicable s	e of filing or more than tatutory filing require	(optional) 90 days after filing. ements, this date) Pursuant to 605.0 will not be listed
ocument's effective dat	e on the Department	of State's records.			
e record specifies a The 90th day after	delayed effective the record is file	ve date, but not an ed.	effective time, a	t 12:01 a.m.	on the earlie
April 19		2016			
					2
	Signature c	of a member or authorized	representative of a men	nber - =====	675 ************************************
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<u></u>		Typed or printed nan	ne of signed	- (1) Mar 11-4	T T
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		Page 3 of	13	드류	

Filing Fee: \$25.00