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(Re	equestor's Name)	
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT:	SURGE A	rchitects, LLC			
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Melissa M	leyer, Assoc. AIA LEED AP BD	+C	VILLVIIV VILLVIIV	<u>.</u>
		Name of Person	Ç		=
	SUR	RGE Architects, LLC	<u> </u>	$\pi_{\mathbf{Q}}$	U37I.
		Firm/Company	10	EL OBI	_
		3161 Ohio Street	Ď.	57 57	
		Address			
	Co	conut Grove, FL 33133			
	mali	City/State and Zip Code			
		ssa@surgearchitecture.com to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please co	all:			
Melissa Mever. A	ssoc. AIA LEED AP BD+C	at ( 305 ) 300 - 8500	)		
	of Person		Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	n		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		chitects, LLC				
(Name of the Limited I	Liability Compan Florida Limited L	y as it now appears on our records.) ability Company)				
		,p,				
The Articles of Organization for this Limited Liabi	lity Company v	were filed on April 11, 2016	and assigned			
Florida document numberL16000072275			ECR.			
This amendment is submitted to amend the followi		FILI JUN 10 RETARY ANASSE				
A. If amending name, enter the new name of th	e limited liabi	lity company here:	me 14			
SURGE Arch	itecture, l	LC_	PER D			
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "[, ], C."			
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	ADDRESS)					
Enter new mailing address, if applicable:		3161 Ohio Street				
(Mailing address MAY BE A POST OFFICE BOX)		Coconut Grove, FL 33133				
maning address man be a root of rice bo	<u>217</u>					
		· · · · · · · · · · · · · · · · · · ·	<del></del>			
B. If amending the registered agent and/or	registered of	fice address on our records, en	ter the name of the new			
registered agent and/or the new registered office	•					
Name of New Registered Agent:	Melissa	Meyer, Assoc. AIA LEED AP BC	)+C			
New Registered Office Address:	3161 Ohio	Street				
<del></del> -		Enter Florida street address				
	Coconut	Grove Florida	a 33133			

## 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

Zip Code

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>	Address	Type of Action
MGR Reg <u>istered Ag</u> ent	Jilla Montenegro, Registered Architect, Registered Agent	11190 SW 69 Court Pinecrest, FL 33156	
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i effecti	ve date is listed, the dat	te must be specific a	ind cannot be prior	to date of filing or	more than 90 days afte	r filing.) Pursuan	
	he date inserted in the seffective date on the seffective date of the seffective date on the seffective date of th				ng requirements, thi	is date will not	be fisted
recor	d specifies a del	ayed effective	date, but no	t an effective	time, at 12:01	a.m. on the	earlier
ne 90	)th day after the	record is filed	1.				
• ad	lung 9, 2016						
ieu	June 9. 2016		1 ~~	<u> </u>			
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Filing Fee: \$25.00