LITUUO MUNICA

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D. SCOTT MAY 19 2017

COVER LETTER

Registration Section

TO:

Division of Corp	orations ·				
	T SURFACES, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
		ANTONIO GONZALEZ			
		· · · · · · · · · · · · · · · · · · ·			
	GONZALEZ & ASSOCIATES III PA				
	Firm/Company				
	8436 W OAKLAND PARK BLVD				
	Address				
		SUNRISE, FL 33351			
		City/State and Zip Code			
	•	EZ@AMEFINANCIALGROUP.CO			
,		to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please ca	all:			
ANTONIO GONZALEZ		954 773-7286 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
,			"make after		
Enclosed is a check for the	_				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	R ADDRESS:		
Divisio	on of Corporations	Division of Corpora			
	ox 6327 assee FL 32314	Clifton Building 2661 Executive Cen	ter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WANT SURFACES, ELC	
(A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on and as and as	signed
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our records, enter the name ddress here: GONZALEZ & ASSOCIATES III PA	of the ne
New Registered Office Address:	8436 W OAKLAND PARK BLVD	٠,
	Enter Florida street address	
	SUNRISE , Florida 33351.	
	City Zip Code	五
New Registered Agent's Signature, if changing Register		

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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
MGR	WILFREDO FERNANDEZ	7590 NW 183 TERR	≅ Add
		HIALEAH, FL 33015	□ Remove
			Change
			Add
		<u> </u>	□ Remove
			Add
			□ Remove
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		·	Remove
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i effective	ate, if other than date is listed, the date	must be specific at	nd cannot be prior	to date of filing or n	ore than 90 days aft	tional) ter filing.) Pursuant to	o 605,0
	date inserted in thi				g requirements, ti	iis date will not be	: iistea
	specifies a dela			t an effective f	ime, at 12:01	a.m. on the e	arlier
he 90th	h day after the	record is filed	1.				
_	MAY 9		2017				
ed			,	_·			
		\frac{1}{2}	Straff				
_		Signature of	amember of auth	orized representative	of a member		
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			YOELFE	RNANDEZ		i	والمستوا

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Filing Fee: \$25.00