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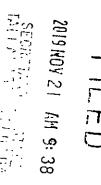
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Malli Miller Surf School LLC
	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Molli Miller Mead
	Molli Miller Surf Chw
	3137 Beridge Land
	Mando, Fl, 329/2
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter please call:
	Muli M. Mead 11, 407, 747-5809
	Name of Person Area Code Daytime Telephone Number
Englo:	sed is a check for the following amount:
ed si	25,00 Filing Fee

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

Mali Miller Sur Charl I.L.C.

1001/1 1011/	<u>(1) (1) (1) </u>	<u>i Scrimi</u>	VVC			
(Name of the Limited Li (\lambda 7)	<u>iability Compai</u> lorida Limited L	ny as it now appear Jiability Company)	s on our records.)			
The Articles of Organization for this Limited Liabili Florida document number	ity Company		11 . 21.	2017:	and assi	gned
This amendment is submitted to amend the followin	ig:					
A. If amending name, <u>enter the new name of the</u>	limited liabi	lity company he SUFF SC	nool L	LC		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the d	esignation "LLC" o	r the abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>					
B. If amending the registered agent and/or r	registered of	fice address on	our records,	二次 多数 enter the	019 NOV	of the nev
registered agent and/or the new registered office	address here	2:		- · · · · · · · · · · · · · · · · · · ·	HA	TI
Name of New Registered Agent:				- 13:1 - - 1 3:14	9. 	
New Registered Office Address:				£.•	<u> </u>	
		Enter Flor	ida street address			
<u> </u>			, Flori			·····
		City		Zij	p 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
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			🗆 Add
			□ Remove
	·		Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change

	<u> </u>	
		.
an effectiv <u>(ote:</u> If th	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing or me the date inserted in this block does not meet the applicable statutory filing s effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed a
	d specifies a delayed effective date, but not an effective to th day after the record is filed.	ime, at 12:01 a.m. on the earlier
Dated		
	Λ	
	Signature of a member of authorized representative	

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Filing Fee: \$25.00