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	Registration Se Division of Cor					
ci:bie/		ST MIAMI, LLC				
Name of Limited Liability Company						
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Molly Arntson				
			Name of Person			
Ainsworth & Clancy, PLLC						
Firm/Company						
		801 Brickell Avenue, 8th I	Toor			
Address						
		Miami, FL 33131				
City/State and Zip Code						
	info@busoness-esq.com E-mail address: (to be used for future annual report notification)					
For furth	er information c	concerning this matter, please co	·	ACTIVATIVE AUTOM		
Molly A	rntson		305 600-3	816		
Name of Person			Daytime Telephone Number			
Enclosed	l is a check for the	he following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Addr Registratie	ress: on Section		
Registration Section Division of Corporations		Division of	Division of Corporations			
P.O. Box 6327		The Centr	e of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 HAR 19 AM 10: 04

SURINVEST MIAMI, LLC

SURINVEST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______06/15/2017 and assigned Florida document number __1.17000131339 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addı	ress
		FloridaZin 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 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
			□Add
			□Remove
			
			CRemove
			□Add
			□Remove
			☐ Change
	·		□Add
		<u></u>	
			□Remove
			∏Chanee