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COVER LETTER

то:	Registration Se Division of Cor			
SURIF	HL205 LLC	.		
NOTAL.	C1.	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LUIS R. SMITH		
			Name of Person	
		TAXES USA LLC		
			Firm/Company	
		11402 NW 41ST STREET	SUITE 211	
			Address	
		DORAL, FL 33178		
		LAA DECEL (DOMESTICO)	City/State and Zip Code	
		LM.JESSEL@GMAIL.COM E-mail address: (1	o be used for future annual report notif	Teation)
For furth	her information co	oncerning this matter, please ca		
LUIS R	. SMITH		305 4702429	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$25.	.00 Fiting 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

ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
ty Company were filed on 05/18/2018	and assigned
g:	
limited liability company here:	
"Limited Liability Company," the designation "L	.LC" or the abbreviation "L L.C"
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DDRESS)	
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registered office address on our reco address here:	ords, <u>enter the name of the n</u>
Enter Florida street ad	dress
	In
City	Florida Zip Code
	Enter Florida street ad

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>	<u>Name</u>	Address	Type of Action
MGR	LUCRECIA G. VERGARA GREL	3650 NW 82ND AVE UNIT 405	
		DORAL, FL. 33166	Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
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record specifies a delayed The 90th day after the reco			out not	an effec	tive time	, at 12:0	La.m. on	the ear	rlier o
ted MARY 23RD		7 / 2018	; //	_ ·					
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Typed or printed name of signee