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(((H24000142982 3)))



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COVER LETTER

TO: Registration So Division of Co			(((H24000142982 3)))
		M CORDA LLC	, ,
SUBJECT:	<u> </u>	nited Liability Company	<u> </u>
		,,	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	 	Name of Person	
		Firm/Company	
	17350 STATE HWY 249		
		Address	-
	HOUSTON, TX 77064		
		City/State and Zip Code	
	efile1234@incfile.com		
For further information of	e-mail address: (oncerning this matter, please c	To be used for future annual report not all:	ification)
LOVETTE DOBSON		1 (888) 462-3	453
	of Person		ne Telephone Number
Name	n reison	Alea Code Dayin	ne retephone sumber
Enclosed is a check for t	he following amount:		
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<u>Mailing Addre</u>	zz.	Street Address:	
Registration		Registration Se	
Division of C		Division of Co	•
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810
- and the specific of	·	Tallahassee, Fl	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SURSUM C	CORDA LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L18000244377 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 10/17/2018	and assigned
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL0	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3340 Sw 97th Court	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33165	
		
Enter new mailing address, if applicable:	3340 Sw 97th Court	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33165	
_		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	r the name of the new registered
New Registered Office Address:	Enter Florida street addre	res
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
If Chu	nging Registered Agent, Signature	of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Maria Teresa Rodriguez	3340 Sw 97th Court	
		Miami, FL 33165	_
			□Change
			□Add
		***************************************	□Remove
			
		_	
			□Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□Change (((H24000142982 3)))

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ate, if other than the date of filing:
date inserted in this block does not meet the applicable statutory filing requirements, this date we effective date on the Department of State's records.
rifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the

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