

L19000051760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

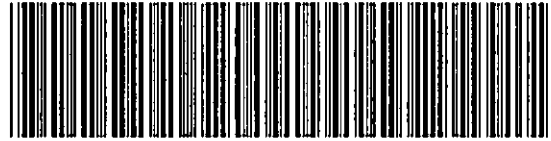
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/19--01009--001 **30.00

2019 DEC -3 PM 5:19

FILED

C. GOLDEN

JAN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Asset Surplus Reallocation LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Derian

Name of Person

Asset Surplus Reallocation LLC.

Firm/Company

4809 Ehrlich Rd. Suite#101

Address

Tampa FL 33624

City/State and Zip Code

contact@surgishop.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Derian

818

406-4443

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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**

Asset Surplus Reallocation LLC

2019 DEC -3 PM 5:19

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

2/26/2019

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
L19000051760
Florida document number _____.

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 address

_____, Florida _____
City Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alan Garcia	2608 N. Duerra Vista St	<input checked="" type="checkbox"/> Add
		Barbours, CA 91504	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sebastian Grevau	1930A Garden Quilt Circle,	<input checked="" type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cassio Barbosa	1170 Toscano Rd.	<input checked="" type="checkbox"/> Add
		Fruita, CO 81521	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Arthur Borges	6441 Beechwood Dr.	<input checked="" type="checkbox"/> Add
		Paradise CA 95969	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Nicholas Perian *Nicholas Perian*

Nicholas Derian

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Filing Fee: \$25.00