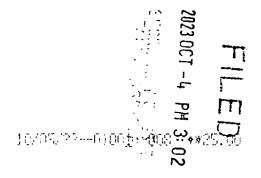
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## **COVER LETTER**

**Registration Section Division of Corporations** 

TO:

SUBJECT.	ourf Orlando LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RyAN 1	Andrew Lowe	
	,	Name of Person	
		Firm/Company	<del></del>
	7736 In	Jian Ridge Trl S	
	Kissimmec	FL 34747 City/State and Zip Code	
	Surforla	City/State and Zip Code  A do 407@iclond.co  to be used for future annual report no	<u>~</u>
For further information c	E-mail address: ( oncerning this matter, please c		tification)
Name o	f Person	at () Area Code Daytin	me Telephone Number
		·	·
Enclosed is a check for th	ne 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	-
Tallahassee, I	L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surf Orlando LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Comp.	any were filed on _	04/08/2019	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company ł	<u>here</u> :		
Lowe Ventures LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" or the	e abbreviation "I	"IC."
Enter new principal offices address, if applicable:				·
(Principal office address MUST BE A STREET ADDRESS	2		. 2	
			23 CC	<u>~_i</u>
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			70	; <del></del> -
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			72	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our	records, <u>enter the n</u>	ame of the ne	<u>w registere</u>
Name of New Registered Agent:	·• ·			<del></del>
New Registered Office Address:				
	Enter Flo	orida street address		
		, Florida		
	City	_	Zip Code	
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Flo	orida street address		w registe

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>	Type of Action
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			□Change
	<del></del>		□Add
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Note: 1	f the date inse	ner than the date ed, the date must be s rted in this block of date on the Depart	loes not me	et the application	able statutory i	or more the	( in 90 days iirements	optional) safter filing.) Pu s, this date wil	rsuant to 605.0207 I not be listed as
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