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SECRETARY OF STATE ALL AHASSEE, FLORIDA

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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor			
SUBJECT:		STMENTS 2019, LLC		
SUBJECT;		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for tiling.	
		ondence concerning this matter	-	
		CARLOS A. CATARINO		
			Name of Person	
		CAC TAX, LLC		
			Firm/Company	
	2901 SW 8TH STREET, SUITE 201 Address			
		MIAMI, FL 33135		
			City/State and Zip Code	
		TAXEPAYROLL@GMAH	COM to be used for future annual report i	notification)
For further i	nformation c	oncerning this matter, please co	-	A. M. Carlott,
CARLOS A	CATARIN	0	786 234-1065	
	Name o	f Person	Area Code Day	time 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)
	illing Addres		Street Address	
	gistration S vision of C	Section forporations	Registration Division of C	
	D. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 9, 2019 and assigned Florida document number _____L19000244562 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOLFSUR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 200 NE 48TH TERRACE Enter new principal offices address, if applicable: MIAMI, FL 33137 (Principal office address MUST BE A STREET ADDRESS) 200 NE 48TH TERRACE Enter new mailing address, if applicable: MIAMI, FL 33135 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

SUR INVESTMENTS 2019, LLC

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.

City

NONE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
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