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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SURCOGS+ Environmental Testing, 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:
Anthone Damisnakis Esq. Name of Person
Peaceck Guffney + Damianakis P.A- Firm/Company
2348 Sensed Bird Road
Clecturater, TL 33765  City/State and Zip Code
E-mail address: (to be used for their annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	A Florida Limited Liab	Jestinow appears on coultry Company)	our records.)	<u> </u>		
e Articles of Organization for this Limited Lia orida document number <u>レス( のひ の</u> し	bility Company we				und ass	igned
is amendment is submitted to amend the follo	wing:					
If amending name, enter the new name of	the limited liabilit	y company here:				
e new name must be distinguishable and contain the we	ad Milionian Linkillan	Community the January	tion "LLC" or th	a abbras is	orione of	1.6
ter new principal offices address, if applica		Company, the craight	mon LLC of in	SEO	2021	
rincipal office address MUST BE A STREET	ADDRESS)				) Jijv	(400
	_			(= 20° (= 20° (= 20°	<u></u>	(Texts)
nter new mailing address, if applicable:	-			SSEE PA	Л <u>н</u> 8: 5:	
<u>lailing address MAY BE A POST OFFICE E</u>	<u> </u>				<del></del>	
. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	s here:					
New Registered Office Address:	1575 5	s. Musouri	Ave	9		
The street of the state in	Clear	Enter Florida si  City	reet address, Florida	3.	37.	56

## 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
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		15758 S. Missouri De Clearwaler, FL 33756	□Remove
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			□Remove
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<u>pte:</u> If the date	is listed, the date must inserted in this bl	lock does not r	neet the applica	able statutory	g or more than 7 filing requir	90 days after f ements, this (	lling.) Pursua date will no	int to 605.0: it be listed
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		Signature of a	member or authy	vized represen	native of a mer	nber		

Filing Fee: \$25.00