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A. BUTLER
MAR 2 - 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Surray Tax Filing ? Consulting, ILC Name of Limited Diability Company  On Surray Tax Filing ? Consulting, ILC Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marinba A. Williams Name of Person
Surray-Empire, LLC.
10 Halletts point # 1611
Astoria, NY 11102. City/State and Zip Code
Sunvay Haxflegmail.com.  E-mail address: (to be usely for future annual report notification)
For further information concerning this matter, please call:
Marinbat. Williams at (954) 842.0355  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee. \$\Bigcup \\$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**

FILED

SUMMAY JAX+ILI	MG 5 CONS		2K/AM 5: 54
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on d Liability Company)	SECRETA	ARY OF STATE HASSEE, FL
The Articles of Organization for this Limited Liability Compan	m 08	na 1 02 (	
The Articles of Organization for this Limited Liability Compan	ly were filed on <u>Ob.</u>	0-1. POP	and assigned
Florida document number <u>L2 100035656.</u> 7			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
SUNRAY - EMPTRE, LLC The new name must be distinguishable and contain the words "Limited Lial			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design	nation "LLC" or the abl	oreviation "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)	<del></del>		
maning data to MAY DE ATOST OTTICE BOA		=	<del></del>
B. If amending the registered agent and/or registered office	e address on our recor	rds, enter the name	e of the new registered
agent and/or the new registered office address here:		,	
Name of New Registered Agent:			
N. D	-		
New Registered Office Address:	Enter Florida s	street address	
	222.		
	City	Florida	Zip Code
N. B. Carlotta and C. Carlotta			гу Соив
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

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
			□Add
			□Remove
			□Change
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collec te: If	tive date, if other than the date of filing:
cord : s filed	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 I.
 ed	January 30, 2022.
	Signature of a member or authorized representative of a member
	·

Filing Fee: \$25.00