

121 000 516 489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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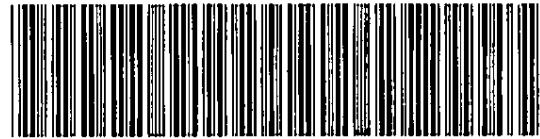
(Business Entity Name)

(Document Number)

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01 JAN 2022 10:15:19

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JAN 10 2022

22 JAN 10 PM 3:19

T. MATTHEWS

JAN 21 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mike Surman 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:

Mike Surman  
Name of Person

Firm/Company

22297 Vista Lago Dr.  
Address

Boca Raton, FL 33428  
City/State and Zip Code

surmdog5@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Surman at (561) 239-990-8969  
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 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**

Mike Surman LLC

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

22 Nov 2021 3:19

The Articles of Organization for this Limited Liability Company were filed on 12/7/2021 and assigned Florida document number L21000516489.

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:

Mike Surman

New Registered Office Address:

22297 Vista Lago Dr.

Enter Florida street address

Boca Raton

City

Florida

33428

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>                      |
|--------------|------------------|----------------------|--|
| MGR          | Mike Surman      | 22297 Vista Lago Dr. | <input checked="" type="checkbox"/> Add    |
|              |                  | Boca Raton, FL 33428 | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
| MGR          | Cynthia E Surman | 22297 Vista Lago Dr. | <input type="checkbox"/> Add               |
|              |                  | Boca Raton, FL 33428 | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
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|              |                  |                      | <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.

Dated 1/3 / 1 / 2022

\_\_\_\_\_ 2022  
Mike Ann

Signature of a member or authorized representative of a member

Mike Surman

Typed or printed name of signee

**Filing Fee: \$25.00**