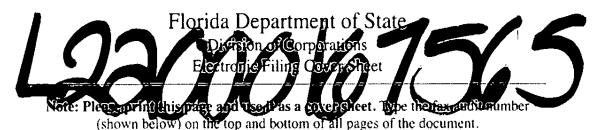
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future spannual report mailings. Enter only one email address please.\*\* 

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURLAKE EIGHT LLC

Certificate of Status	0
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Estimated Charge	\$25.00

T. LEMIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FOR

SURLAKE EIGHT LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny <mark>as it now appears on our records.</mark> Liability Company)		
The Articles of Organization for this Limited Li Florida document number L22000167565	ability Company	were filed on <u>04/07/2022</u>	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity 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)		7901 4th St N #24385		
		St. Petersburg, FL. 33702, USA		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N #24385 St. Petersburg, FL, 33702, USA		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter th</u>	ne name of the new registere	
Name of New Registered Agent:	Corporate Creations Network Inc.		HO! 13	
New Registered Office Address:	801 US Highway I			
<u>-</u>	North Palm Bea	Enter Florida street address	ida 33408N	
		City	Code 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 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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Effective date, if other than the	date of filing:			(optional)	
f an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and canno tock does not meet the	ie applicable sta		90 days after filing.) P	
e record specifies a delayed effective ed is filed.	e date, but not an eff	fective time, at 1	2:01 a.m. on the	earlier of: (b) The '	90th day after the
Dated November 12		<u></u> .			
	/s/ Kunning				
-	Signature of a membe	r or authorized re	presentative of a me	mber	<del></del>

Filing Fee: \$25.00