p.1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000235622 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059 Phone : (954)727-9771 Fax Number : (954)727-9773

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

Email Address: 01000

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURTILIDER LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

HZZ0002356ZZ3>

Tallahassee, FL 32314

<#20002356.723>

TO: Registration : Division of C		•	
	DER LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filling,	
Please return all corresp	pondence concerning this matter	to the following:	
	JUAN ESTEBAN MURC	IA PACHON	
		Name of Person	
	SURTILIDER LLC		
	<u></u>	Firm/Company	
	6222 NW 38TH DR		
		Address	
	CORAL SPRINGS, FL 33	067	
		City/State and Zip Code	
	juanesteban@surtilider.com	to be used for future annual report	- al Facel and
For further information	concerning this matter, please of		nonication)
JUAN ESTEBAN MU	RCIA PACHON	407 600-3739 at ())
Name	of Person	Area Code Day	nime 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 Addr		Street Address Registration	
Registration Division of	Corporations	Division of O	
P.O. Box 63			f Tallahassee

< HZZ00023662Z3>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

< 42200023562235

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURTILIDER LLC			
(Name of the Li	mited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Company	y were filed on <u>06/20/2022</u>	and assigned
Florida document number L22000279260			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	N/A	
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address if and to be		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our records, enter the	name of the new registere
Name of New Registered Agent:	N/A		22 Jul
New Registered Office Address:			
		Enter Florida street address , Florida	ED AM
		City	Zip Gede
New Registered Agent's Signature, if changing	Registered Agent		5: X

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

<H720002356723>

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
AMBR	SERGIO ALEJANDRO MURCIA	CALLE 77 N 69H-62	
		BARRIO LAS FERIAS	
		BOGOTA-COLOMBIA	
AMBR	BLANCA CECILIA MOLINA CA	CALLE 77 N 69H-62	Ţ
		BARRIO LAS FERIAS	
		BOGOTA-COLOMBIA	
 -			•
			□Remove
			□Change
		□Add	
			□Remove
			DChange
			□Change
			□Rепюче
			□Cliange

< HZZ000Z356ZZ3>

•	
·	
-	
•	
•	
-	
•	
Effect	ive date, if other than the date of filing: (optional)
Note:	rective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	
	Jun Estebon Murcia Richon Signature of a member or authorized representative of a member
	ЛUAN ESTEBAN MURCIA PACHON

< HZZ000Z356ZZ3>

Filing Fee: \$25.00