

L22000 307 705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

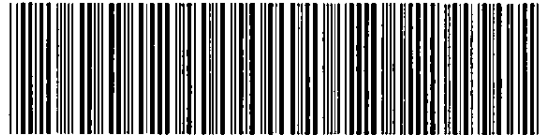
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/24--01039--014 **25.00

FILED
2021 SEP -3 PM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL

**Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314**

Dear Sir/Madam,

Enclosed, please find the Articles of Amendment for Surplugas LLC, Document Number L22000307705. This amendment reflects my resignation as a member of the LLC and the addition of Jandery D Ribeiro Abache as the new member.

I have included a money order in the amount of \$25.00 for the required filing fee. Please process the amendment and update the relevant records accordingly.

If you require any further information, please feel free to contact me at 281-505-8573 or yolamarpicon@gmail.com.

Thank you in advance for your attention to this matter.

Sincerely,

Yolamar Picon Mora
Member Surpulgas LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURPLUGAS 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:

DANIELA PINEDA

Name of Person

DP INFINITY SERVICES LLC

Firm/Company

11999 Katy Fwy, Ste 280

Address

Houston, TX 77079

City/State and Zip Code

dp@dpinfinityservices.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

DANIELA PINEDA

305 833-6605

at (_____) _____

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**

SURPLUGAS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/11/2022 and assigned
Florida document number L22000307705.

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

JANDERY D RIBEIRO ABACHE

New Registered Office Address:

665 83RD ST UNIT 58

Enter Florida street address

MIAMI BEACH

City

Florida 33141

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

Title	Name	Address	Type of Action
MGR	YOLAMAR PICON MORA	665 83RD ST	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANDERY D RIBEIRO ABACHE	665 83RD ST	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 SEP 13 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 SEP - 3 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP - 8 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 21 2024

~~100-100~~

Signature of a member or authorized representative of a member

Yolamar Picon Mora

Typed or printed name of signee