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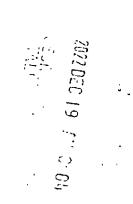
(Re	questor's Name)	 .
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section

TO:

Div	ision of Co	rporations	. •	.2	
eun marr.	SURI&NO	DREEN LLC		• 5	*
SUBJECT:		Name of Lin	nited Liability Company	, ,	
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Azlina Goldstein			
			Name of Person		-
		Suri&Noreen LLC			
			Firm'Company		_
		1811 West Community Di	ive		20
			Address	*****	22 Dii
		Jupiter, FL 33458			2022 DEC 19 =4.[K-14.] -1
			City/State and Zip Code		_
		suriandnoreen@gmail.com	to be used for future annual report i	notification)	
For further in	formation c	oncerning this matter, please c		.ountuilon,	
Azlina Golds	tein		954 559-0465		
	Name o	f Person	at () Area Code Day	time Telephone Numbe	or
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F ₁	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	ing Addres istration S		Street Address Registration		
_		orporations	Division of C		
	. Box 632			f Tallahassee	010
Lall	ahassee, F	·L 32314	2415 N. Mor	iroe Street, Suite 8	510

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SURI&NOREEN LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	ompany were filed on July 18, 2022 and assigned
Florida document number L22000317498	<u>-</u> -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
	<u></u>
Enter new mailing address, if applicable:	.022 03C
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or and/or the new registered office address here:	office address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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 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
_ .			□Add
			Remove
			□ Change
			20 Remove
			 ☐ ☐Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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 60 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records. For dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	THE PURPOSE OF THE LIMITED LI	ABILTY COMPANY!	S TO ENGAGE IN AN	Y LAWFUL ACTIVITY
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Alraged	December 12	2022		
	ted	·		
	_		representative of a member	r