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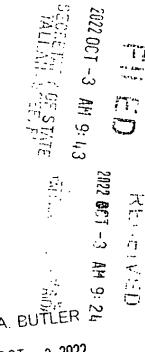
	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
	_	
Special Instructions to	Filing Officer:	-





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OCT - 3 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SURFING GOOD CONVENTENCE STORE LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
DEWAYNE BECKFORD Name of Person	
PCB Food Mart LLS Firmt Company	
11218 Hut ChiSun BINd Address	
Perona City Reath FL, 32407 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DEALMYALE RECKFORD at (470) 257-8020 Name of Person Area Code Daytine Telephone Number	·
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUED

Such ag Good	Convente	n Ce s	Store 2022 DCT -3	AM 9: 43
(Name of the Limite	1 Liability Compan A Florida Limited Lia	y as it now a ability Comp	ppears on our records.)	OF STATE
The Articles of Organization for this Limited Lia	bility Company w	vere filed o	on 09/27/2022	SEE, FEE. and assigned
Florida document number <u>L2200042</u> 1	<u>0329</u> .		,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabil	ity compa	ny here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company.	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	8721	Thomas Drik	e
(Principal office uddress MUST BE A STREET	<u>'ADDRESS)</u>	Unit Flor	C Panama ida 32408	City Bouch
Enter new mailing address, if applicable:		8721	Thomas Drike	vit c
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Pons	ma City Boach	
		Floci	da, 32408	
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on c	our records, enter the nan	ne of the new registered
Name of New Registered Agent:	DEMAR	<u>R.</u>	BreckFORD	
New Registered Office Address:				
		Ente	r Florida street address	
		City	, Florida	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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□Add
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an cti ote:	we date, if other than the date of filing:
record Lis fil	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 ed.
ated .	10/03/2022
	Signature of a member of authorized representative of a member
	DÉWNYMÉ BECK FORD Typed or printed name of signee

Filing Fee: \$25.00