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S. ROBERTS

JUN 2 3 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Diego Henriquez 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:	
Diego Henrique? Name of Person	
Diego Henrique7 LLC Firm/Company	
6703 camden bay dr. apt	102
Tampa, FL 33635 City/State and Zip Code	
Clons o hfor 95 gnall com E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Diego Henrique? at 909 444 Name of Person Area Code Dayti	5852 me Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$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

Diego Henrique	t LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11-28-2022 and assigned
	200473621
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Sur Company LLC	
he 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	(2.2)
	23
Enter new mailing address, if applicable:	1
Mailing address MAY BE A POST OFFICE BOX)	
	ري. (ت.
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
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f an effe Note:	ve date, if other than the date of filing:
d is fil	
Dated _.	04/29/2023
	Signature of a member or authorized representative of a member