# L23000544253

(Requestor's Name)	
(Requestors Hame)	
(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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Office Use Only

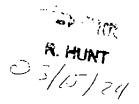
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MOOYER SURP	LUS LLC	
Please Debit FCA	000000003 For: 25	
Thank you Seth N	eelev	
1-		
<u> DOG</u>		Art of Inc. File
		ETD Partnership File
		Foreign Corp. File
		L.C. File C
		Fictitious Name File
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		Merger File P1
		Arr, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1/		Officer Search
A	7/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC    Search
		UCC    Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

TO: Registration Se Division of Cor					
	SURPLUS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	NATHAN HAYYIM				
		Name of Person	, 1-1-		
	KOSHER ACCOUNTING	F LLC			
		Firm/Company		•	
	4925 SW 35TH TERRAC	E	· · · · · · · · · · · · · · · · · · ·	آل	
		Address	(7) ( [円*+	<b>⇒</b> ,	
	FT. LAUDERDALE, FL.	33312	면 프로	AH 8: 37	
		City/State and Zip Code	<u> </u>	87	
	NATHAN@KOSHERACC				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
NATHAN HAYYIM		954 348-9145 at ( )			
Name o	of Person		ie Telephone Number	_	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Signature Copy (additional copy is	Status &	
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Co			
P.O. Box 632	27	The Centre of T	l'allahassee		
Tallahassee,	F1. 32314	2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) Ed Liability Company)		
he Articles of Organization for this Limited Liability Compa	ny were filed on 12/08/2023		and assigned
Torida document number 1.23000544253			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
t. If antending name, <u>enter the new name of the marted n</u>	aomey company nere.		
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" of	or the abbrev	riation "L.L.C."
Inter new principal offices address, if applicable:	323 Sunny Isles Blvd 508		
Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL 33160		( n.)
		_	
		• •	oi oi
nter new mailing address, if applicable:	323 Sunny Isles Blvd 508		•
Mailing address MAY BE A POST OFFICE BOX)	Sunny Isles Beach, FL 33160	ក្នុកក ព្រ <u>ក</u>	541
		<u> </u>	<del>ကဲ့</del> ယ
		ţη	7
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our records, enter th	ie name of	f the new regi
Name of New Registered Agent: KOSHER A	CCOUNTING LLC		
Now Projectored Office Address: 323 Sunny Is	des Blyd 508		

#### 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.

City

Sunny Isles Beach

If Changing Registered Agent,	Signature of New Registered Agent	

Enter Florida street address

, Florida <u>33160</u>

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
MBR	BLANCA, HORACIO	323 Sunny Isles Blvd 508	🗀 Add
		Sunny Isles Beach, FL 33160	■Remove
			□Change
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			□Remove
			DAdd
			Of ☐Remove    Control   C
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ective date, if other than the date of filing:    03/15/2024   (optional)     oeffective 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 to:   If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenant's effective date on the Department of State's records.    optional     optional				<del></del> .		<u> </u>	. :	
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list turnent's effective date on the Department of State's records.  Excord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after its filed.  Ited March 14th 2024	ective date, if other than the dat neffective date is listed, the date must be	te of filing:		ite of filing or n	uore than 90 day:	[ <b>optional)</b> s after filing.) Pi	ursuant te	5 605.02U
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THE WALL	te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's effective date of specifies a delayed effective date is filed.			at 12:01 a.m.	on the carrier			
Signature of a member or authorized representative of a member	te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's pecifies a delayed effective date is filed.  March 14th	. 20.	24 VI. B.	O.				
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Filing Fee: \$25.00