124000153622

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT:	Surfside Smokers LLC	>			
	Name of Lim	ited Liability Co.	mpany		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	g.		
Please return all correspo	ondence concerning this matter	to the following	3 .		
	Lauren Angulo				_
		Name of	person		,
	Venustas Law PLLC	Firm/Cor	npany		•
	201 N US HIGHWAY	1 STF D10 #	£1083		
	2011/00/1/01/1/1/	Addro			-
	Jupiter, FL 33477				-
	notices@venustaslaw.	City/State and	Zip Code		
			ure annual report notif	ication)	
For further information c	concerning this matter, please co	all;			
Lauren Angulo			(561) 589-9149		
Name o	of Person	Area	Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:				
☐ \$25,00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	\$55.00 F Certifie (additional		Certified	ite of Status &
					SECLL!
Mailing Address: Registration Section			Street Address: Registration Sec		
Division of C P.O. Box 632			Division of Con		COST TO
Tallahassee,			The Centre of T 2415 N. Monroe		Sugar Sugar Europe
			Tallahassee, FL		STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited 1	iability Company as it now appears on our records.)
The Articles of Organization for this Limited Liabi Florida document number L24000153622	lity Company were filed on April 1, 2024	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address had been been been been been been been bee	stered office address on our records, enter t	he name of the new register
New Registered Office Address:	New Registered Office Address: Enter Florida street address	
	Flor	rida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, and red agent as provided for in Chapter 605, F istered office address, I hereby confirm that	l I am familiar Sith and .S. Or If this Accument is

If Changing Registered Agent, Signature of New Registered Sent

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
AMBR	Daniel Alexander Carvalho	5960 SE NORMANDY AVE STUART, FL 34997	⊠ Add
			□Remove
		<u> </u>	□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			SECT A CONTROL OF THE
			123 PH 240
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 June 20 2024 Jonathan Varyus Signature of a member or authorized representative of a member

Jonathan Vargas

Typed or printed name of signee