

L15000191144

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JOHN F. JEWELL, ATTORNEY AT LAW  
Account Number : 075350000513  
Phone : (727) 894-2718  
Fax Number : (727) 231-0688

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: john@jewell.com

FILED  
18 FEB -3 PM 2:49  
DIVISION OF STATE  
CORPORATIONS  
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TB SUMMERTREE, LLC

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TB SUMMERTREE, 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:

Robert P. Sulte  
Name of Person  
RPS Realty Services, Inc.  
Firm/Company  
4165 - 14th Street NE  
Address  
St. Petersburg, Florida 33703  
City/State and Zip Code  
bsulte4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Sulte at (727) 744-7170  
Name of Person Area Code Daytime Telephone Number.

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TB SUMMERTREE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2015 and assigned Florida document number 115000191144

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TB SR 70, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

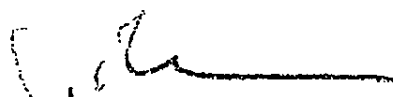
Name of New Registered Agent: JOHN F. JEWELL, ESQ.

New Registered Office Address: 4420 13TH WAY NE  
*Enter Florida street address*

ST. PETERSBURG, Florida 33703  
*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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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