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(Req	uestor's Name)	
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U5/29/19--U1002--U27 **25.00

2019 MAY 28 P 3: 35

Court hou

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: <i>FUL</i>	C SUMMIT LA Name of Lim	LC. ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Hazmed Moreno	
		Summit LLC.	
	15476 NW 77	Court #1009 Address	<u></u>
	hazmed ~ E-mail address: (i	a kes, FL 3346 City/State and Zip Code noceno 170 gmail.c to be used for future annual report no	Sam lification)
For further information co	ncerning this matter, please ca	all:	
Hazmed Me Name of	oren o Person	at (<u>786</u>) <u>788 ~</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL SUMA	ITT LLC.	ears on our records.)
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ears on our records.) ')
The Articles of Organization for this Limited Liability C	ompany were filed on _	2019 I/AY 28 P 3: 35 4/24/2019 and assigned
Florida document number <u>L1900111199</u>	<u> </u>	IALLANAS EE, FLUNGE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company	here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the ungistered agent and/or resis	tered office address	on our records, enter the name of the ne
registered agent and/or the new registered office add	ress here:	Florida street address
Name of New Registered Agent:	ress here:	

New Registered Agent's Signature, it 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

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	Hazmed Moreno	15476 NW 77 Court #1009	
		15476 NW 77 Court #1009 Migmi Lakes, FZ 3506	Remove
			🗖 Add
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n effecti ote: If t	ve date is list the date inse	led, the date m erted in this l	ne date of filings the specific and block does no Department of	and cannot be it meet the a	pplicable statu	filing or more th tory filing req	(opti an 90 days after uirements, thi	onal) r filing.) Pursuant t s date will not bo	.o 605.0 e listed
The 90	Oth day a	fter the re	cord is file	d.		ective time	, at 12:01	a.m. on the ϵ	arlier
ted	Мау	2/51		201	9	ン			
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			Signature of	a member or	authorized repr	esentative of a	member		

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Filing Fee: \$25.00