## L22000436154

(Requestor's Name)
(Address)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomeds Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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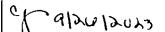


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2023 SEP 13 PH 4: 22

Office Use Only



## **COVER LETTER**

SUBJECT: SUMMERY	VILLE INVESTMENT ONE L Name of Lim	LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Victor Rech		
		Name of Person	
	Rech Enterprises, LLC		
	<del></del>	Firm/Company	
	12015 Forest Park Cir		
		Address	
	Bradenton, Fl 34211		
		City/State and Zip Code	<del></del>
	v@re-taxes.com		
	E-mail address: (	to be used for future annual report noti	heation)
For further information co	oncerning this matter, please ca	all:	
Victor Rech		at (941 9932343	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
□ 325.00 Finig Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	

Registration Section

Division of Corporations

TO:

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

OVER ALADDAM A DEPARTMENT ONE LE	202	3 SEP 13 PH 4: 22
SUMMERVILLE INVESTMENT ONE LL	Ity Company as it now appears on our records.)	4: 22
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on October 10, 2022	and assigned
lorida document number L22000436154		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office address here:</li></ol>		name of the new regist
gent and/or the new registered office address here.	•	
Name of New Registered Agent:		
Marijo or Men Neglandon Agent.		
New Registered Office Address:	Enter Florida street address	
		a .
	, Florie	ia 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 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
MGR	MR INVESTMENTS & TRADING PARTNERS LLC	6735 CONROY WINDERMERE RD # 233 ORLANDO, FL 34786	( <b>⊠</b> Add
			Remove
			□Change
			🗖 Add
			□ Remove
			□ Change
			□Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• • ,	
(If an c Note:	effective date, if other than the date of filing:  (optional)  (ffective 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)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is t	ord 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 filed.
Dated	d AUGUST 31th , 2023
	Signature of a member of authorized representative of a member
	Reginaldo O. DaSilva
	Typed or printed name of signee