

L23000176738

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
TALLAHASSEE, FLORIDA

2023 SEP 18 AM 9:25

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CUMMINS INVESTMENT GROUP

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 J. CUMMINS , SR

Name of Person

Firm/Company

5463 WORTHINGTON LOOP

Address

PALM HARBOR , FL 34685

City/State and Zip Code

rcummins0@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT CUMMINS

716 345-7678
at ()

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 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**

CUMMINS INVESTMENT GROUP

(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 4/10/2023 and assigned Florida document number L23000176738.

This amendment is submitted to amend the following:

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

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)

2023	SEP 18	AM 9:25
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED		

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:

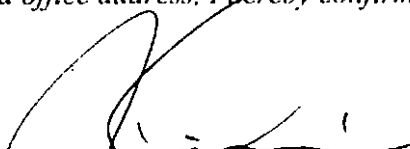
Name of New Registered Agent: ROBERT J. CUMMINS, SR

New Registered Office Address: 5463 WORTHINGTON LOOP
Enter Florida street address

PALM HARBOR, Florida 34685
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

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>
MGR	ROBERT J. CUMMINS, SR	5463 WORTHINGTON LOOP	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTOINETTE J. CUMMINS	5463 WORTHINGTON LOOP	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

