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EXAMINER



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SECRE LARY OF STATE

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SECRETARY OF STATE
STATE OF COMPORATIONS
STATE OF COMPORATIONS

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	SUMMIT EAST	MANAGEMENT, L.L.	C.	
	Name of Limi	ted Liability Company		
			0	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	2 E	
Please return all correspon	dence concerning this matter	to the following:	2 We la Mas	
		JULIE SCHULZ	# 3	
		Name of Person	क्	
	SUMMIT	EAST MANAGEMENT,		
		Firm/Company		
	2073 SUM	MIT LAKE DRIVE, SUIT	E 155	
		Address		
	ΤΛ)	LAMACCEE EL 20217		
TALLAHASSEE, FL 32317 City/State and Zip Code				
	julie.s	schulz@summiteast.com		
	E-mail address: (to be used for future annual report n	otification)	
For further information con	ncerning this matter, please c	all:		
Ju	lie Schulz	at (_850)	219-8207	
Name of	Person	Area Code & Day	time 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 enclo	Sed) \$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

Number of Cont Management 1 1 0

Name of the Limited Liabil	ast Management, L.	L.U.	
(A Florid	lity Company as it now appear la Limited Liability Company)	ns on our records.	<i>(</i> -1
The Articles of Organization for this Limited Liability Florida document numberL0000002440	y Company were filed on	March 2, 2000	_and assigned
This amendment is submitted to amend the following			4 C
A. If amending name, enter the new name of the li	imited liability company he	ere:	-
Summit G	Group Management, LL	C	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Comp	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ p
			Damaya
			
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets	s, if necessary.)
_			
	August 8		
	Signatur	e of a member or authorized representative of a mem	iber
		Claude R. Walker	

Page 2 of 2

Filing Fee: \$25.00