

Division of Corporations

Page 1 of 1

**1000215981**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H1700011158 3)))



H17000111583ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
Fax Number : (407)423-1831

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

Email Address: jprint@mysummitwealth.com

FILED  
2017 APR 24 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUMMIT ASSET PROTECTION GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2017 APR 24 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

BRUCE  
APR 25 2017

((H1700011158 3))  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Summit Asset Protection Group, 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 December 22, 2000 and assigned Florida document number L00000015981

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)

800 N. Magnolia Avenue

Suite 105

Orlando, FL 32803

**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:

Jason Print

New Registered Office Address:

9045 Strada Stell Court, Suite 101

*Enter Florida street address*

Naples

Florida

City

FILED  
2017 APR 24 P 5:1  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.*

Jason Print  
If Changing Registered Agent, Signature of New Registered Agent

((H17000111158 3))

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	Mitchell L. Levin	800 N. Magnolia Avenue	<input type="checkbox"/> Add
		Suite 105	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32803	<input type="checkbox"/> Change
MGRM	Jason Print	9045 Strada Stell Court	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Naples, FL 34109	<input type="checkbox"/> Change
MGRM	Chad A. Warrick	800 N. Magnolia Avenue	<input checked="" type="checkbox"/> Add
		Suite 105	<input type="checkbox"/> Remove
		Orlando, FL 32803	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 APR 28 PM 5:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

((H17000111158 3))

((H17000111158 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2017 APR 24 P 5:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 24, 2017

Jason Print  
Signature of a member or authorized representative of a member

Jason Print  
Typed or printed name of signee

((H17000111158 3)))