

U3000032636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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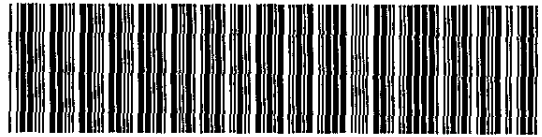
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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M. HODGES

08/04/05--01053--001 **25.00

Special Instructions to Filing Officer:

8/4

amend

U3-32636

Office Use Only

05 AUG - 1 PM 3:25

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMSKILLS LLC
(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:

VIRGINIA M DISLA

(Name of Person)

DEL ORBE & ASSOCIATES CORP

(Firm/Company)

7600 NW 186TH ST STE A

(Address)

MIAMI FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

VIRGINIA M DISLA

(Name of Person)

at (305) 817-0814

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUMSKILLS LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/29/2003 and assigned
document number L03000032636

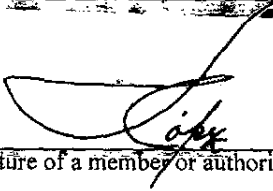
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:

ADOPTED AMENDMENT TO ARTICLE V AS FOLLOWS:

DELETE TO LEON ANDELFO OF 11957 SW 17 CT, MIRAMAR FL 33025 AS MGR.

SADY FERNANDEZ OF 11957 SW 17 CT, MIRAMAR FL 33025, IS NAMED MGR

Dated JULY 21 2005



Signature of a member or authorized representative of a member

RODELINDA LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00

05 AUG -14 PM 3:26