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T. CLINE
JUN - 4 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Summer song Holdings CLC  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:
SUSAN VON HOENE  Name of Person
VON HOENE LAW Fram, PLLC
_ '
PO BOX 1527
Address
Santa Rosa BEACH, FZ 37459  City/State and Zip Code  Susan @ Won hoehelawfirm. eom
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Von Hoene at SD 6d1-4038  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy . (additional copy is enclosed)} \text{Certified Copy . (additional copy is enclosed)} \text{Certified 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

Jummersona	Holding	is LLC		
(Name of the Limited V (A F	iability Company as it is lorida Limited Liability (	ow appears on our records.) Company)		
The Articles of Organization for this Limited Liab Florida document number <u>LD50000</u> 4	oility Company were fil	ed on 4-26-200	and assign	ed ,
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability con	npany here:		
		NA		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbr	eviation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BE	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our records, <u>ente</u>	er the Frame of t	<u>he new</u>
Name of New Registered Agent:	NIA		ASSVITA ASSVITA II - NOT	STEERING .
New Registered Office Address:				
		Enter Florida street		
	City	, Florida	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 = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action Name** DEBORAH Chaney 346 BAYON Canding ReligiAdd

Santa Losa Beach, Fr. 32459 ☐ Add ☐ Remove ☐ Add Remove ٦Add Remove  $\square$ Add Remove ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 5-24-12 Signature of a member or authorized representative of a member SUSAN VON HOENE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00