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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
SUBJECT:	SUMMERL	AND FARMS, LLC			
	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
		PAMELA T. VANCE			
		Name of Person			
		Firm/Company			
		177 Beacon Lane			
		Address	7. 	2012 APR 24	
	**************************************	Jupiter, FL 33469	<u></u>	A A	** ***********************************
	_	City/State and Zip Code	Į.	24	E. E. de de garantes e. de mei ente gale.
		TVance229@aol.com to be used for future annual report notifica	ation)	: == 1 1	[7]
For further information (concerning this matter, please	calt:		9	Planete (
Par	nela T. Vance	at (917) 514-	9386	<i>y</i> . _	
Name	of Person	Area Code & Daytime	Telephone Number	_	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	f Status & py	ed)
Regisi Divisi	JING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURIE/ Registration Section Division of Corporat Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SU	MMERLANI	D FARMS LLO	<u> </u>	<u>* </u>	
(<u>Name of the Limite</u>	A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document number L0700008	08/14/2007	and assigned			
This amendment is submitted to amend the following	•			2012 APR	
A. If amending name, enter the new name of	f the limited liab	ility company her	e:	T T	
	UMMERLAND	· · - · · · · ·			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	- ·	LC? or the abbreviati	
Enter new principal offices address, if applic	177 Beacon L	ane	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		Jupiter, FL 33469			
Enter new mailing address, if applicable:		177 Beacon L	.ane		
(Mailing address MAY BE A POST OFFICE	Jupiter, FL 33	3469			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		e: /ance n Lane	our records, enter t		
		Jupiter	, Florida	33469	
		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	nager ⁄lanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			— ~
	****		T Damassa
			Remove
			Remove
**************************************			Add Remove
			Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional sheet:	s, if necessary.)
_			
 Dated	April 16		· · · · ·
	Signatur	e of a member or authorized representative of a mem	nber
		PAMELA T. VANCE	
		Typed or printed name of signee	······································

Page 2 of 2

Filing Fee: \$25.00