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J. HORNE
AUG 26 2024

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08/20/24--01029--019 ++25.00

FILED
2024 AUG 20 PM 12:08
J. HORNE

SUMMIT LANDINGS PROPERTIES, LLC

8530 U.S. Highway 1
Suite 8
Micco, Florida 32976

Daytime Phone (772) 663-6991
Cell Phone (321) 298-0460

August 14, 2024

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

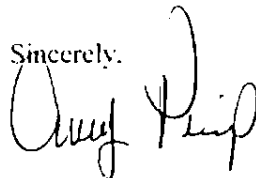
RE: Summit Landings Properties, LLC
Articles of Amendment to Articles of Organization
Florida Document Number: L07000084644

To Whom It May Concern:

Please see the enclosed Articles of Amendment to Articles of Organization for the above-referenced Limited Liability Company, along with a copy of a Certification of Death for my husband, Arthur F. Priep, certifying his date of death as April 5, 2024. I have also enclosed a check in the amount of \$25.00 for the filing fee.

It is my hope that a copy of his Certification of Death is sufficient, as an original had been provided to the Division of Corporations previously when a Certificate of Amendment to Certificate of Limited Partnership (Number A07000000979) was filed for A & A Family Limited Partnership, LLLP, in July of 2024.

Please feel free to contact me with any questions or concerns.

Sincerely,


Amy Priep, MGRM
Summit Landings Properties, LLC

/ap

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024062991

DATE ISSUED: APRIL 11, 2024

DECEDENT INFORMATION

DATE FILED: APRIL 11, 2024

NAME: ARTHUR FREDERICK PRIEP

DATE OF DEATH: APRIL 5, 2024

SEX: MALE

AGE: 078 YEARS

DATE OF BIRTH: MARCH 6, 1946

SSN: ***-**-1711

BIRTHPLACE: BOONE, IOWA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: MOFFITT CANCER CENTER

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY, 33612

RESIDENCE: 9578 RIVERVIEW DRIVE, MICCO, FLORIDA 32976, UNITED STATES

COUNTY: BREVARD

OCCUPATION, INDUSTRY: ENGINEER, STRUCTURAL

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: AMY POPE

FATHER'S/PARENT'S NAME: RALPH PRIEP

MOTHER'S/PARENT'S NAME: ALDA WERREMEYER

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: AMY PRIEP

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 9578 RIVERVIEW DRIVE, MICCO, FLORIDA 32976, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KRISTOPHER MCDANIEL, F418832

FUNERAL FACILITY: STRUNK FUNERAL HOME- SEBASTIAN F041870

1623 N CENTRAL AVE, SEBASTIAN, FLORIDA 32958

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: VERO BEACH CREMATORY
VERO BEACH, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1326

DATE CERTIFIED: APRIL 8, 2024

CERTIFIER'S NAME: ARIEL FELIPE GRAJALES-CRUZ

CERTIFIER'S LICENSE NUMBER: ME131875

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2026400858

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (06/01/2022)

CERTIFICATION OF VITAL RECORD



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Landings Properties, 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:

Amy M Priep

Name of Person

Summit Landings Properties, LLC

Firm/Company

8530 U.S. Highway 1, Suite 8

Address

Micco, FL 32976

City/State and Zip Code

tech_art@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy M Priep

Name of Person

at (772) 663-6991

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Summit Landings Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG 20 PM 12:08
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/17/2007 and assigned

Florida document number L07000084644.

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 "LLC."

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)

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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent


[illegible]

[illegible]

(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)

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.

August 14, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00