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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lesii Luther
	Summit Realty Solutions, LLC
	702 SE ESSEX Drive
	Port St. Lucie FL 34984 City/State and Zip Code 1 eStill uther @ warhoo. Com E-mail address: (to be used for future/annual report notification)
For furt	her information concerning this matter, please call:
	Pare of Person at (386 585-0484) Area Code & Daytime Telephone Number
Enclose	is a check for the following amount:
5 25.	00 Filing Fee \$\ \text{Solon Filing Fee & Solon Filing Fee & Solon Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)		
(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company v		<u>. 008</u> ;	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation	n "LLC"	or the a	bbreviation
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 offi registered agent and/or the new registered office address here:		er the n	ame of	f the new
Name of New Registered Agent:		- EC	-	sunyag
New Registered Office Address:	n . n	# <u>F</u>	-	1 1
	Enter Florida street . Florida	mo mo	6 P¥	m
	City	SZi A	p Go de	D
New Registered Agent's Signature, if changing Registered Agent:		AOA AOA	<u>6-3</u>	

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 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 **Title Name** <u>Address</u> **Type of Action** lesti Luther Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member esti

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00