## L08000058321

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SECRETARY OF STATE
ALL AHASSEF FLORID!

C. LEWIS

SEP -5 2012

EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp		.,	·		
ni i					
SUBJECT:	SUMMERTIME [	DECK AND DOCK	LLC		
	Name of Limi	ted Liability Company		_	
	Amendment and fee(s) are sub				
Please return all correspor	ndence concerning this matter	to the following:			
		ROBIN LOPEZ			
		Name of Person	· ·		
	SUMMERTIME DECK AND DOCK LLC				
		Firm/Company		_	
	5968 B LAKEHURST DRIVE				
		Address		- <del></del> -	
	ORLANDO, FL 32819				
	City/State and Zip Code				
	INFO@S E-mail address: (1	FO@SUMMERTIMEDOCKS.COM address: (to be used for future annual report notification)			
For further information co	oncerning this matter, please c				
ZACK	MONNINGER	at (_321_)	277-2693		
Name of	Person		Daytime Telephone Num	her	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en-	Certif closed) Certif	Filing Fee, Teate of Status & Tied Copy Jional copy is enclosed)	
MAILING ADDRESS:		STREET/C	OURIER ADDRESS	::	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP -4 PM 1: 42

SUMMERTIME DECK AND DOCK LL SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records) SSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on	06/12/2008	and assigned	
Florida document numberL08000058321				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<del></del>	
·				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter 1</u>	he name of the new	
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Address Type of Action **Title** Name **MGRM** James Z. Monninger 8189 Terraza Ct ✓ Add Orlando, Fl. 32819 Remove David R. Edmonds MGR ☐ Add 4480 Lakeview Dr Sebring FL 33870 Remove Add [] Remove Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Revise Robin Lopez from Manager (MGR) to Managing Member (MGRM) AUGUST Dated Signature of a member or withorized representative of a member Robin Lopez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00