129000690921

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	2 #N	
(Cil	ty/State/Zip/Pflofit	υ π	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400163638694

TALLA SEE STORIONS
OF CORPORATIONS
OF CORPORATIONS

RECEIVED

B. KOHR

EXAMINER

DEC 18 2009

09.DEC 18 PH 4: 06

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-18-09

NAME:

SUMMER PALMS LLC

TYPE OF FILING: AMENDMENT

COST:

\$55

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HQD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

The Articles of Organization for this Limited Liability Company	were filed on September 18, 2009 and assigned		
Florida document number L09000090291			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviatio		
Enter new príncipal offices address, if applicable:	120 Wells Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Newton, MA 02459		
Enter new mailing address, if applicable:	120 Wells Avenue		
Mailing address MAY BE A POST OFFICE BOX)	Newton, MA 02459		
B. If amending the registered agent and/or registered offeegistered 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 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>	<u>Name</u>	Address	Type of Action
MGR	Mitchell B. Robbins	75 Second Avenue, Suite 200 Needham, MA 02494	Add Remove
MGR_	Robbins Manager LLC	120 Wells Avenue Newton MA 02459	Add ☐ Remove
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	_
	·	·	_
 Dated	November 30	2009	
	Mukel	mber or authorized representative of a member	
	Mito	chell B. Robbins, Member yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00