## L10000014713

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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. PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nai	me)
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(DC	ocument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

T. HAMPTON
FEB 2 6 2010

EXAMINER

## **COVER LETTER**

TO:	*Registration Sect Division of Corpo			
SUBJI	ECT:	Name of Limi	k Grosp LLC ted Liability Company	······································
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		(	9 (eyory Fishman Norme off Person	
			Firm/Company	
		- III K	Address Ste	7º9_
		Bay	Harbor Johns, F City/State and Zip Code	L 33154
		E-mail address (t	reg D clear filles on ice of byused for future annual report notifica	<u>5. Com</u>
For fur	ther information con	cerning this matter, please ca	all:	
	Groy Fis Name of P	erson	at (305) 865-57 Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	following amount:		
\$25	.00 Filing Fee '		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati	G ADDRESS: on Section	STREET/COURIER Registration Section	
	P.O. Box		Division of Corporation Clifton Building	
	Tallahace	ee FI 32314	2661 Evacutive Cente	m Cirolo

P.S. Please return amendment confirmation on a certificate of status in enclosed Feder envelope. Think you' Grantistian

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Summer Oak Gr	OUP LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ıy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u> </u>	and assigned
Florida document number <u>L10000014713</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ted Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		- Vis
		0 F1
		<b>8</b> 20
Enter new mailing address, if applicable:		23 SEE
Mailing address MAY BE A POST OFFICE BOX)		2 39
Muning unaress MAT DE ATOST OFFICE BOA		<u> </u>
		29 0
B. If amending the registered agent and/or registered off	lice address on our records enter th	o name of the nev
registered agent and/or the new registered office address here		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, 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 Title **Name Address Type of Action** MGR Kaiser, Nathan □ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 24 Signature of a member or authorized representative of a member Typed or printed hame of signee

Page 2 of 2

Filing Fee: \$25.00