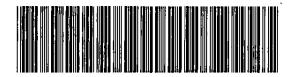
L11000115450

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300213486093

10/20/11--01012--030 **25.00



J. BRYAN

OCT 21 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	on rations		
SUBJECT:	Always Name of Limit	Summer LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
-	Kennet	Name of Person	ACT 20 MILES
-		Firm/Company	
-	5951 Tra	ailwood Dr. Address	
-	Port On	Address Ange FL 3212 City/State and Zip Code	.7
- Confirming to Comment		be used for future annual report notification	on)
For further information conc	erning this matter, please ca	u:	
Name of Per	rson	at () Area Code & Daytime Tel	ephone Number
Enclosed is a check for the for	ollowing 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Always Sum				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co. Florida document number L 11000 115450	• • • • • • • • • • • • • • • • • • • •			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" the abbreviation			
Enter new principal offices address, if applicable:	came :			
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

ï

MGR = Manager

MGRM = Managing Member					
Title	<u>Name</u>	Address	Type of Action		
MGR	Kenneth P. Daraio	5951 Trailwood Dr. Port Orange, Fl 32127	Add Remove		
PRES	Kenneth P. Daraio	5951 Trailwood Dr. Port Orange, Fl 32127	Add		
			Add Remove		
			Remove -		
	·		Add		
		· · · · · · · · · · · · · · · · · · ·	Add Remove		
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
	Just changing 5	rom Pres to Mgr			
			_		
Dated Oc	tober 15 , 201	<u></u> .	_		
	Signature of a member of Kenneth P. Do	or authorized representative of a member			
		r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00