## L11000131844

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N. Gullegari JUL 27 2012

## **COVER LETTER**

Please return all correspondence concerning this matter to the following:				
Michael Alan Ratliff Name of Person				
Clearwater, FL 33765				
E-mail address: (to be used for future annual report notification)				
<u></u>				
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ling Fee, ate of Status & I Copy nal 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

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SECRETARY OF STATE

SUMAR INVESTMENTS 1, I		ŢĄĹĹ	AHASSEE, FLORIDA
(Name of the Limited Li (A F)	ability Company as it now ap orida Limited Liability Compan	ny)	, - , - , - , - , - , - , - , - , - , -
The Articles of Organization for this Limited Liab	ility Company were filed on	Fenruary 9, 201	2 and assigned
Florida document number _ L11000131844			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company	<u>here</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Co	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or	registered office address of	on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:	MICHAEL ALAN RATL	<u>IFF</u>	
New Registered Office Address:	Maywood Avenue 1		
	Enter Florida street address		
	Clearwater	, Florida	33765
	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 Agen

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 LORRAINE RATLIFF & 7 Maywood Avenue North MGR ☐ Add Clearwater, FL 33765 **XX** Remove MGRM MICHAEL ALAN RATLIFF 7 Maywood Avenue North Add Add Clearwater, FL 33765 ☐ Remove MGRM SUSAN MARIE RATLIFF 7 Maywood Avenue North 🔼 Add Clearwater, FL 33765 Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 25, 2012 Dated \_\_ Signature of a member or aythorized representative of a member LORRAINE RATLIFF Typed or printed name of signee

Page 2 of 2

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