L11000136074

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12 OCT -9 AM 10: 53

SECRETARY OF STATE
SECRETARY OF STATE
FILED

OCT 1 0 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 26 Summersweet UC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
M. Todd Burke, Esq.			
Burke Blue PA Firm/Company			
195 Grand Blvd., Suite 101			
Destin FL 32550 City/State and Zip Code			
Horke @ burkeblue.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
M. Told Burke at (850) 267-9498 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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



195 GRAND BOULEVARD, SUITE 101, MIRAMAR BEACH, FL 32550-7830

Tel: (850) 267-9498 • FAX: (850) 267-9499

October 8, 2012

VIA OVERNIGHT MAIL

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

RE:

26 Summersweet, LLC

File Number: T484-28055

To Whom It May Concern:

Please find enclosed this firm's check number 31978 for 25.00 which represents the filing fee from the above referenced transaction, along the Articles of Amendment.

Should you have any questions, please call our office at (850) 267-9498.

Sincerely,

Burke Blue Hutchison Walters & Smith, P.A.

Real Estate Closer

Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FHLED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT -9 AMID: 53

26 Summersu	weet LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L11000136074	ere filed on 12211 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	19 Montclair Avenue
(Principal office address MUST BE A STREET ADDRESS)	19 Montclair Avenue Santa Rosa Beach, FL 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 Montclair Avenue Santa Rosa Beach, FL 32459
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as pro-	te performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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, 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> Name Address Type of Action MGRM Remove Jason Romair □ [] move D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

DIVISION OF CONFUNATION