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## **4** COVER LETTER

TO: **Registration Section Division of Corporations** Summer Bird Management, LLC SUBJECT: 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: **Gerard Palmer** Name of Person Summer Bird Management, LLC Firm/Company 4490 Marsh Harbor DR. Suite 101 Address Tavares, fL 32778 City/State and Zip Code palmerteam4@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gerard Palmer at ( 407 ) 301-4256

Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•

Summer Bird	Manag	jemen	t, LLC				
(Name of the Limited Liability Con (A Florida Limit	mpany as ited Liabili	it now a try Compa	ppears on any)	our records.)			
The Articles of Organization for this Limited Liability Comproved Accument numberL12000013479						nd assi	gned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited	liability	com pan	<u>y here</u> :				
The new name must be distinguishable and end with the words "L.L.C."	'Limited L	iability C	ompany,"	the designation	n "LLC" c	or the al	bbreviation
Enter new principal offices address, if applicable:	_						
(Principal office address MUST BE A STREET ADDRES.	<u>'S)</u>	<u> </u>					
	_		<del></del>				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
	_				<del></del>		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		address	on our i	ecords, <u>ente</u>	er the na	ime of	f the new
Name of New Registered Agent:					IALII	72	
New Registered Office Address:					AHA A	SEP (	<u>n</u>
			Enter F	lorida street	£23	25 F	
<del></del>	Ci	ty		, Florida		o <b>Ça</b> de	0
New Registered Agent's Signature, if changing Registered Agent's	gent:				TATE	: 37	

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 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
VP	Javier Gonzalez	2513 Hassonite St Kissimmee, FL 34744	Add
VP	Tia Shuler	693 East 236st St Apt D Bronx, NY 10466	Add Remove
<del></del>			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If an	Javier Gonzalez 2	change(s) here: (Attach additional sheets, if necessary, 1513 Hassonite St. Kiss/14462, FC	<u>.                                     </u>
	Tia Shuler 693 Eas	rt 236 St. APt. D. Bronx.NY	<u> </u>
Dated _	0 1 17		
	Signature of a n	nember or authorized representative of a member  Gerard E Palmer  Typed or printed name of signee	

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Filing Fee: \$25.00