

6/28/2019

U2000026963

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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H190002012873ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA
Account Number : 120010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUMMAX LLC**

Certificate of Status	1
Certified Copy	0
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D SCOTT

JUL 1 2019

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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: SUMMAX LLC
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:

TONY PORNPRINYA

Name of Person

LAW OFFICE OF TONY PORNPRINYA

Firm/Company

1555 NE 123 STREET

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

NVC@MIAMIDADELAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY PORNPRINYA

305 893-8989

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H19000201287 3)))

FILED
2019 JUN 28 A 3:15
TALLAHASSEE, FLORIDA

(((H19000201287 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012

Florida document number L12000026988

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 605, 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

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If amey((H19000201287 3)))son(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZHANG, CULIN	17027 WEST DIXIE HWY, 115 NORTH MIAMI, FL 33160	☒ Add
			☐ Remove
			☐ Change
AMBR	BAI, XIAODONG	17027 WEST DIXIE HWY, 115 NORTH MIAMI, FL 33160	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2810 JUN 28 A 3:15
SULLY, J. J. Florida

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 28 2019

Typed or printed name of signer