

L12000150510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

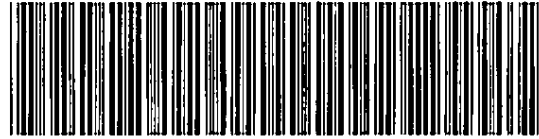
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summit Marketing & Promotions 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:

Scott Graver

Name of Person

Summit Marketing and Promotions LLC

Firm/Company

1336 SW 12th St

Address

Boca Raton, FL 33486

City/State and Zip Code

sgraver87@gmail.com

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

For further information concerning this matter, please call:

Scott Graver

561
at ()

516-0299

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Summit Marketing & Promotions 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 12/03/2012 and assigned
Florida document number L12000150510.

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)

501 East Las Olas Blvd, Suite 316

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 East Las Olas Blvd, Suite 316

Fort Lauderdale, FL 33301

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TALLAHASSEE FL

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:

Christian Garay, mgr

New Registered Office Address:

501 East Las Olas Blvd, Suite 316

Enter Florida street address

Fort Lauderdale

City

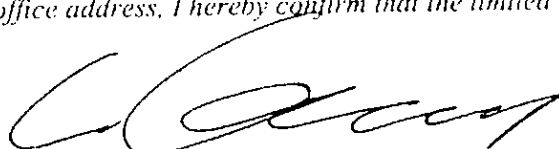
Florida

33301

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

If amending Authorized Person(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>
Mgr	Scott Graver	1336 SW 12th St	<input type="checkbox"/> Add
		Boca Raton, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Christian Garay	501 E las Olas Blvd, Ste 316	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL
2012 DEC 05 AM 11:00
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2022 DEC 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

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2022 DEC 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

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 September 2nd 2022

Scott R Graver

Typed or printed name of signee

Filing Fee: \$25.00