130000/6828

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FEB - 8 2013 J. BRYAN

COVER LETTER

TO: Registration Section'
Division of Corporations

_{...} SUMMERCREST, L.L.C.

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:

TRAVIS FINCHUM

Name of Person

SPECIAL NEEDS LAWYERS, PA

Firm/Company

901 CHESTNUT STREET, SUITE C

Address

CLEARWATER, FL 33756

City/State and Zip Code

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

For further information concerning this matter, please call:

Travis Finchery at

at (777) 443 - 7898

Area Code & Daytime Telephone Numbe

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)

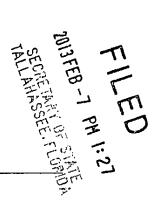
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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



SUMMERCREST, L.L.C.

(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 Liabilit	y Company were filed on 02/01/2013	and assigned
Florida document number L13000016828		
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
_		orida
	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 Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	TTEE OF PEARL'S TRUST U/A/D 10/22/03	1413 TRIMARAN PLACE	Add
		NEW PORT RICHEY, FL 34655	Remove
MGR	DAVID PEARL	1413 TRIMARAN PLACE	Add
		NEW PORT RICHEY, FL 34655	Remove
			Add
			Remove
		SEORETALY OF STALL AHASSEE, FLORID	Reco
			Add
			Add Remove
	•		

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Dated FE	BRUARY 1 2013
	Trend
	Signature of a member or authorized representative of a member
	TRAVIS D. FINCHUM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA