

L13 0000064594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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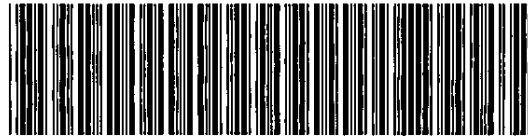
(Business Entity Name)

(Document Number)

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NOV 19 2014

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J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sumerlan Management, 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:

Gus R Reece

Name of Person

Sumerlan Management LLC

Firm/Company

12157 W. Linebaugh Ave. Ste 125

Address

Tampa FL 33626

City/State and Zip Code

ryan@sumerlan.com

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

For further information concerning this matter, please call:

Gus Reece

407

233-3203

Name of Person

at ()

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 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF SUPERIOR COURT

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

Sumerlan Management 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 05/02/2013 and assigned
Florida document number L13000064594.

This amendment is submitted to amend the following:

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

Sumerlan LLC

The new name must be distinguishable and end with 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)

12157 W. Linebaugh Ave.

Tampa, FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12157 W. Linebaugh Ave.

Tampa, FL 33626

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:

Jeff Witt

New Registered Office Address:

12157 W. Linebaugh Ave.

Enter Florida street address

Tampa

, Florida 33626

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Gus R Reece	93 W. Eagle Way	<input type="checkbox"/> Add
		Lehi, UT 84043	<input checked="" type="checkbox"/> Remove
MGRM	Colin A. Hamilton Jr.	2700 Taskawilla Rd.	<input type="checkbox"/> Add
		Orlando FL 32765	<input checked="" type="checkbox"/> Remove
MGR	Gus R Reece	12157 W. Linebaugh Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input type="checkbox"/> Remove
AMBR	Colin A. Hamilton Jr.	12157 W. Linebaugh Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 5, 2014



Signature of a member or authorized representative of a member

Gus R Reece

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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