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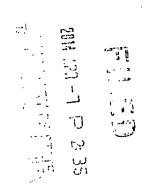
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B. BOSTICK

APR - 9 2014

EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUMMIT PROPOSAL SPECIALIST 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:

TRACEY C HIGGINBOTHAM

Name of Person

HIGGINBOTHAM COMPANIES INC

Firm/Company

3790 N. U.S. 1

Address

COCOA, FL. 32926

City/State and Zip Code

TCHTAXMAN@YAHOO.COM

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

For further information concerning this matter, please call:

TRACEY C. HIGGINBOTHAM at 321, 632-5726

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMIT PROPOSAL SPECIALIST 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 Liab	oility Company were filed on 04/01/2014	4 and assigned
Florida document number L14000052735	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
SUMMIT PROPOSAL SPECIALISTS L	LC	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		1.2 <u>155</u>
Enter new mailing address, if applicable:		- 2 - 2 - 2 - 2 - 2
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	and a
		1 7
		15)
B. If amending the registered agent and/or registered agent and/or the new registered office.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iress
	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

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Add
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			— □ Add
			Remove
			□ Add
			☐ Remove

If amending any other information, enter change(s) here: (Attach o	
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated opuill, , 2014.	
Roule m Subote Signature of a member or authorized repress	
Signature of a member or authorized represe	entative of a member
Ronald M Sabatino	
Typed or printed name of si	0100

Page 3 of 3

Filing Fee: \$25.00