

L14 000068276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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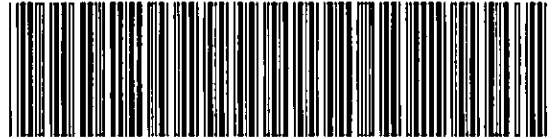
(Business Entity Name)

(Document Number)

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18 OCT -2 AM 7:30  
TALLAHASSEE, FLORIDA

← SALY  
OCT 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summerhills Florida, 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:

Melissa P. Lanza, Esq.

\_\_\_\_\_  
Name of Person

Melissa P. Lanza, P.A.

\_\_\_\_\_  
Firm/Company

104 Crandon Blvd., Suite 420

\_\_\_\_\_  
Address

Key Biscayne, FL 33149

\_\_\_\_\_  
City/State and Zip Code

pmartinez@estudiocejas.com.ar

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

For further information concerning this matter, please call:

Melissa P. Lanza, Esq.

305

361-0997

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 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

FILED  
18 OCT -2 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Summerhills Florida, 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 April 28, 2014 and assigned  
Florida document number L14000068276

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**)

377 Day Avenue

Miami, FL 33133

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

377 Day Avenue

Miami, FL 33133

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:

Melissa P. Lanza, Esq.

New Registered Office Address:

104 Crandon Blvd. Suite 420

Enter Florida street address

Key Biscayne

Florida 33149

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 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	Silvana Larrarte	104 Crandon Blvd., Sute 323	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carolina Cousseau	377 Day Avenue	<input checked="" type="checkbox"/> Add
		Miami, FI 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATIONER  
1000 E. F. N. O'NEILL

18 OCT -2 AM 7:30  
FBI  
TALLAHASSEE 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 September 17, 2018



GRACIELA B. CEREJO, member

Typed or printed name of signee