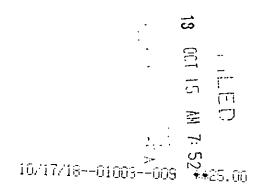
## 114000068276

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## COVER LETTER

		istration Se sion of Cor			
SUBJEC	ידי:	Summerhil	ls Florida, LLC		
			Name of Lie	mited Liability Company	
The enclo	osed	Articles of A	Amendment and fee(s) are su	hmitted for filing	
			ndence concerning this matter		
			Melissa P. Lanza, Esq.		
			Melissa P. Lanza, P.A.	Name of Person	
			104 Crandon Blvd., Suit	Firm/Company te 420	
			Key Biscayne, Fl 33149	Address	
			pmartinez@estudiocejas	City/State and Zip Code .com.ar	
				to be used for future annual report r	notification)
For further	r info	ormation co	ncerning this matter, please co	all:	
Melissa F	o. La	inza, Esq.		305 361-0997	7
		Name of I	Person		time Telephone Number
Enclosed is	sac	heck for the	following amount:		
<b>■ \$</b> 25.00			☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

SUMMERHILLS FLORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jiability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on April 28, 2014	and assigned
lorida document number L14000068276		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
te new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation,"L.L.C."
nter new principal offices address, if applicable:	3377 Day Avenue	<i>_</i>
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133	
<del></del>		ن الله الله الله الله الله الله الله الل
		3
nter new mailing address, if applicable:	3377 Day Avenue	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33133	;-, 2
. If amending the registered agent and/or registered or		enter the name of the
gistered agent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:	· · · · · ·	
	Enter Florida street address	
<del> </del>	, Flor	rida
	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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
		<del></del>	☐ Change
			□ Add
			☐ Remove
			Change  Add
			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00