L14000168128

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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

V Division of Cor	porations		
Summit Re SUBJECT:	ealty Partners, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	Scott J Nyman		
		Name of Person	
	Summit Realty Partners, L	LC	
		Firm/Company	
	1000 Riverside Avenue, Si	uite 615	
		Address	
	Jacksonville, Florida 3220	4	
		City/State and Zip Code	
	snyman@summitcontractor E-mail address: ()	s.com to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	·	
Scott J Nyman		904 610-9832 at ()	
Name o	l'Person		Telephone Number
Enclosed is a check for the	he 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)

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

SUMMIT REALTY PARTNERS,	LLC		
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on ou ability Company)	ur records.)
The Articles of Organization for this Limited Li	iability Company w	ere filed on 10/28/14	and assigned
Florida document number L14000168128	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of		ce address on our	records, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	1000 Riverside A	<u></u>	
		Enter Florida stre	
	Jacksonville	City	, Florida
New Registered Agent's Signature, if changing F	Registered Agent:	Cuy	Zip Coae

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>	Address	Type of Action
MGR	Michael M Padgett	6877 Phillips Industrial Blvd.	
		Jacksonville, FL 32256	■ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			
			Remove
			Change
			Add
			Remove
			Change
			SECRETION OF SECRE
			FILED ARY OF STATE CHANGE OF STATE SSEE FLOADDA Removes
			Change

	1	GR- Nyman, Scott to 1000 Riverside Avenue, Suite 615,	
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