

L15000008859

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 13 2016  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUMMIT TECHNOLOGY, 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:

MICHAEL H. JOHNSON  
Name of Person

SUMMIT TECHNOLOGY, LLC  
Firm/Company

3606 W. SAN PEDRO ST  
Address

Tampa FL 33629  
City/State and Zip Code

MICHAELHJOHNSON@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL H. JOHNSON at (813) 391-7933  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

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

SUMMIT TECHNOLOGY, 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 1/15/2015 and assigned  
Florida document number 415000008859

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)**

3606 WEST SAN PEDRO ST  
TAMPA FL 33629

**Enter new mailing address, if applicable:**

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

3606 WEST SAN PEDRO ST  
TAMPA FL 33629

**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:

MICHAEL H. JOHNSON

New Registered Office Address:

3606 W. SAN PEDRO ST

Enter Florida street address

TAMPA

Florida

City

Zip Code

33629

**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	Kerri J. Kobakof	1135 45th Avenue North	<input type="checkbox"/> Add
		St. Petersburg FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

MGR. Marija C. Johnson

3606 W. SAN PEDRO ST

TAMPA FL 33629

Please change MIDDLE initial from "L" to "C"

Thank you

E. Effective date, if other than the date of filing: 9/8/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

MICHAEL JOHNSON

Signature of a member or authorized representative of a member

Marija Johnson

  
Typed or printed name of signee

Marija Johnson

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SUMMIT TECHNOLOGY LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1135 45<sup>th</sup> Avenue North  
ST. PETERSBURG, FL 33703

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1135 45<sup>th</sup> Avenue North  
ST. PETERSBURG, FL 33703

3. 1/15/15 Date of filing/registration in Florida 4. L15000008859 Document number

5. (a) KERRI J. KOBAKOF  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1135 45<sup>th</sup> Avenue North  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

St. Petersburg, FL 33703

(b) MICHAEL H. JOHNSON  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3606 W. SAN PEDRO ST  
**NEW Registered Office Address:**

TAMPA, FL 33629

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00