L1900080947

-		
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE SECRETARY OF

JUN 22 2015

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COVER LETTER

TO: Registration So Division of Co			
	SUMMER SHOWROOM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	LUZ MARINA BLACKEF	₹	
	 	Name of Person	
	BACK 2 SUMMER SHO	WROOM, LLC	
		Firm/Company	
	900 BISCAYNE BOULE	VARD, O-401 SUITE # 15	
	**************************************	Address	<u>.</u>
	MIAMI, FLORIDA 3313	32	
		City/State and Zip Code	
	LUZMARINABLACKER@		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
LUZ MARINA BLACK	ER	720 362-0672 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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
			SE SE

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**

(Name of the Limi	and Linkilian Come			
	(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on May 7th, 2015 and assigned clorida document number L15000080947.				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lial	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		900 Biscayne Boulevard, Miami, Florida 33132		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		900 Biscayne Boulevard, Miami,	Florida 33132	
(Mailing address MAY BE A POST OFFICE	BOX)			
Name of New Registered Agent:	000 Pingowa	- Paulavard		
Name of New Registered Agent: New Registered Office Address:	900 Biscayne			
		Enter Florida street address	33132	
	900 Biscayne		33132 Zip Code	
	Miami	Enter Florida street address , Florida	33132 Zip Code	

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	MARIA ELISA MACHADO	465 BRICKELL AVE.	
		APT # 4802 MIAMI FL 33131	■ Remove
			☐ Change
MGR	GR ADA V. OSUNA	41 SE. 5TH STREET	
	MIAMI FL 33132	D D	
		3-1-2-3-3-3-1-1-3-1-1-1-1-1-1-1-1-1-1-1-	☐ Change
			Add
			☐ Remove
			□ Change
		☐ Remove	
		□ Remove	
			SECRETARY IVISION OF C 156JUN 240
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			RATION RATION P. 27 Page ORIDA

D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)	
ATTEMPORAR MARINA M		
		·····
	,	
		······································
	1.1.10000-101	
		·
E. Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of	(optional)	revent to 60\$ 0207 (3Vb)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on	the earlier of:
June, 16th 2015 Dated		
		SE JIVIS 15
Signature of a member or authorized repr	resentative of a member	CRETAR CON OF C JUN 20 DRETARY
Luz Marina Blacker	SSE	` '
Typed or printed name of	T signer T	EU ORPORATI PH I2: 2:
Page 3 of 3	ĪD.	ATTO ATTO 27
Filing Fee: \$25	S 00	-

Filing Fee: \$25.00