

L15000112609

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(Address)

(City/State/Zip/Phone #)

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15 JUL 23 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUMMIT 48, 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:

DATAN Z. DOROT, ESQ.

Name of Person

DOROT & BENSIMON PL

Firm/Company

2775 SUNNY ISLES BOULEVARD

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

INFO@DOROTBENSIMON.COM

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

For further information concerning this matter, please call:

DATAN DOROT

305 9219421
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**

SUMMIT 48, 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 JUNE 29, 2015 and assigned
Florida document number L15000112609.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: DORBEN CORPORATE SERVICES, LLC

New Registered Office Address: 2775 SUNNY ISLES BOULEVARD, SUITE 118

Enter Florida street address

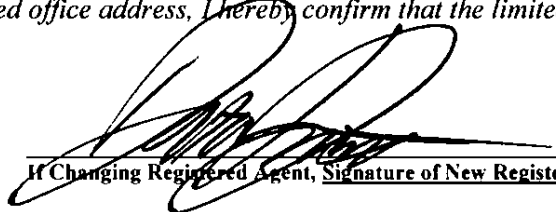
NORTH MIAMI BEACH, Florida 33160

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 | EDOUARD LIBESSART | 5825 SW SUNSET DRIVE | <input type="checkbox"/> Add |
| | | STE 207 | <input checked="" type="checkbox"/> Remove |
| | | SOUTH MIAMI, FL 33143 | <input type="checkbox"/> Change |
| MGR | FLORIDA EASTERN DEVELOPM | 5825 SW SUNSET DRIVE | <input checked="" type="checkbox"/> Add |
| | | STE 207 | <input type="checkbox"/> Remove |
| | | SOUTH MIAMI, FL 33143 | <input type="checkbox"/> Change |
| AR | RUSSELL JACOBS | 20700 WEST DIXIE HIGHWAY | <input type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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JUN 23 4 10 PM '03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

[illegible]

(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.

Dated JULY 16 2015

2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

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15 JUL 23 PM 1:30
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA