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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUMMER FIELD 83 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:
Bonnie J. Blate Name of Person
Summer field 83 LLC Firm/Company
707 May bank Loop Address
City/State and Sp Code  by bkey West @ aol. com  F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bornie J. Blate at (305) 942-4372  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Securificate of Status Certificate of Status Cer

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 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 6 28 2016 and assigned	
Florida document number 16000 11119	
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:	2
(Principal office address MUST BE A STREET ADDRESS)	333 338 388 388 388 388 388 388 388 388
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Enter new mailing address, if applicable:	250
(Mailing address MAY BE A POST OFFICE BOX)	- 유자
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B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	пеж
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
, Florida	
City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	

## N

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>	Name	Address	Type of Action
MGR	Peter J O'Connell	Ton Maybank Loop	>_□ Add
		The Villages, FL 3216:	Remove ≥
			□ Change
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Signature of arriginities or authorized representative of a resolution	, <del></del>	

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Filing Fee: \$25.00