

216 000 11119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

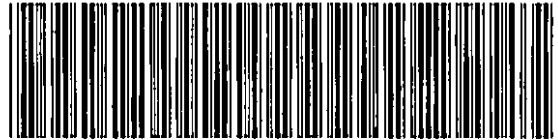
(Business Entity Name)

(Document Number)

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18 JUN 18 AM 11:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

N COOPER

JUN 19 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summerfield 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

Summerfield 83 LLC  
Firm/Company

707 Maybank Loop  
Address

The Villages, FL 32162  
City/State and Zip Code

bjbkeywest@gmail.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie J Blate at 305 942-4372  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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

Summerfield 83 LLC

Page 1 of 3

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	Peter J. O'Connell	707 Maybank Loop	<input checked="" type="checkbox"/> Add
		The Villages, FL	<input type="checkbox"/> Remove
		32162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Office of  
SECRETARY OF ARMY  
DIVISION OF CONSPIRACY

18 JUN 18 AM 11:24

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

June 13 . 2018

Bonnie J. Blate  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Bonnie J. Blate

Typed or printed name of signee