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N COOPER JUN 1 9 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Summer Seld 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:
Bornie J. Blate Name of Person
Summerfield 83 LLC Firm/Company
707 May bank Loop
City/State and Zip Edde DIDKEYWEST @ 9 Mail. CONT 6-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnie J Blate at 305 940.4372 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Summers	field 83 L	LC,		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on o da Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number		5/2016	_ and assigr	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designal	ion "LLC" or the abbro	eviation "L.L.C	
Enter new principal offices address, if applicable:			· - · ·	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		∞ `	<u> </u>
			<u> </u>	- 2
			18	33 =.
Enter new mailing address, if applicable:				<u> 포</u> 인는
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			2	<u> 5</u> 7
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str			
	Enter v torida sira			
	City	Florida	Zip Code	
	cuj		rg. Ciac	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MgR	Peter J. C'Connell	MOT Waybank Loop	_\M_\add
		The Villages, FL 32162	□ Remove
			Change
			□ Add
			□ Remove
			Change
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ffective date, if other than the date of filing: (optional im effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing to date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	ng.) Pursuant to 605.	(02) ed :
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	. on the earlie	er (
Dated June 13 . 2018.		
Signature of a member or authorized representative of a member		
_		

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Filing Fee: \$25.00