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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUMMIT SUBJECT:	WOOD WORKS, LLC		
Sobolet.	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	NEAL SCOPPETTUOLO		
		Name of Person	
	SUMMITWOOD WORKS	S, LLC	
		Firm/Company	<del></del>
	3710 CORPOREX PARK	DR., SUITE #100	
		Address	
	TAMPA, FL 33619		
		City/State and Zip Code	
	NEAL@COOLROXS.COM		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
NEAL SCOPPETTUOLO		813 328-3525	
Name o	of Person	at ()  Area Code Daytim	e Telephone Number
Enclosed is a check for t	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

SUMMITWOOD WORKS, LLC			
(Name of the Limited Liability Compa (A Florida Limited	n <u>y as it now appears on our records.</u> ) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000189311}{L16000189311}$ .	were filed on 10/13/2016	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	3710 CORPOREX PARK DRIVE SUITE #100		
(Principal office address MUST BE A STREET ADDRESS)			
	TAMPA, FL 33619		
Enter new mailing address, if applicable:	3710 CORPOREX PARK DR.		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE #100		
	TAMPA, FL 33619	_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	e name of the ne	
	Enter Florida street address		
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·	sip cour	
I hereby accept the appointment as registered agent and agrown or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, <u>if</u> i	uiliar with and this document is	

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>	Type of Action
			Remove
			Change
			Add
			Change
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			Change
			Add
		<del></del>	Remove
			Change
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			⊕ Change

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ctive date, if other than the date frective date is listed, the date must be:  If the date inserted in this block the date inserted in the Department's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab	date of filing or more than	<b>(optional)</b> 190 days after filing.) Pu rements, this date wil	rsuant to 605.0 I not be listed
ecord specifies a delayed e e 90th day after the recor		an effective time, a	at 12:01 a.m. on	the earlier
	2017	. , /		
d OCTOBER 6		. / //		
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d	•	. ,	MILL A HASSEE F	

Filing Fee: \$25.00