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## **COVER LETTER**

Division of Cor			
Summitwo	od Works, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Neal Scoppettuolo		
	•	Name of Person	
	Summitwood Works, LLC		
		Firm/Company	s. 101
	10150 Highland Manor Dr	., Ste. 200	
		Address	
	Tampa, FL 33619		
		City/State and Zip Code	
	Admin@CoolRoxs.com	to be used for future annual report notif	
For further information o	oncerning this matter, please ca	·	(Cation)
Neal Scoppettuolo		813 484-5836	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000189311	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 t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10150 Highland Manor Dr.	1 IA
• •	Suite 200	ECRI
	Ce address MUST BE A STREET ADDRESS)  Suite 200  Tampa, FL 33619	HAS HAS
Enter new mailing address, if applicable:	10150 Highland Manor Dr.	RY OF S SEE. FL
	Suite 200	ORI ORI
(Name of the Limited Liability Compared (A Florida Limit the Articles of Organization for this Limited Liability Compared Iorida document number L16000189311  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability the new name must be distinguishable and contain the words "Limited Liability the 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)	Tampa, FL 33619	On Om
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del>-</del> -	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 Address **Type of Action** Title <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_ 🗆 Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change

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ated		2018	. ,					
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Typed or printed name of signee

Filing Fee: \$25.00