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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info@jelenaccounting.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 21 AM 10:49

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUMMER OCEANA LLC

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Corporate Filing Menu

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DEC 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2016

SUMMER OCEANA LLC
10201 COLLINS AVENUE
1005 NW
BAL HARBOUR, FL 33174

SUBJECT: SUMMER OCEANA LLC
REF: L16000221775

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000308193
Letter Number: 816A00026837

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 DEC 21 A 10:49

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMER OCEANA LLC

(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 12/07/2016 and assigned Florida document number L16000221775.

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 office address, if applicable:

10201 COLLINS AVE BAL HARBOUR FL 33154

(Principal office address **MUST BE A STREET ADDRESS**)

UNIDAD 1005 NW

Enter new mailing address, if applicable:

10201 COLLINS AVE BAL HARBOUR FL 33154

(Mailing address **MAY BE A POST OFFICE BOX**)

UNIDAD 1005 NW

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARTINEZ BLANCA

New Registered Office Address:

10201 COLLINS AVE UNIDAD 1005 NW

BAL HARBOUR

Florida 33154

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 understand and agree to comply with the provisions of all statutes relative to the proper and complete formation of my duties and I am familiar with the duties of the registered agent of my position. I understand and agree to be held liable for any and all actions taken by me in my capacity as registered agent of the above named company. I have been notified in writing of the formation of this company.

(Name of Registered Agent, Print Name of New Registered Agent)

Date: 12/20/16

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>
AMBR	JEAN SEBASTIAN HERRERA M	10201 COLLINS AVE	<input type="checkbox"/> Add
		BAL HARBOUR FL 33154	<input type="checkbox"/> Remove
		UNIDAD 1005 NW	<input checked="" type="checkbox"/> Change
AMBR	JHON A HERRERA	10201 COLLINS AVE	<input type="checkbox"/> Add
		BAL HARBOUR FL 33154	<input type="checkbox"/> Remove
		UNIDAD 1005 NW	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE AMEND THE NAMES OF THE OFFICER AS MENTIONED ABOVE

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 12/15/2016 (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 605.0202 (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 12/12 2016

Handwritten signature of Blanca I. Martinez

Signature of a member or authorized representative of a member

BLANCA I MARTINEZ

Typed or printed name of signee