117000054284

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAJL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2017 NOV 17 FR 1: 0.2

J. HARRIS

COVER LETTER

Div	ision of Corpo	prations		
SUBJECT:	Summergate 2	27524 LLC		
songicer.	•••	Name of Limi	ted Liability Company	
The enclosed	l Articles of Ar	nendment and fec(s) are subr	nitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		Lisa Srivastava		
			Name of Person	
			Firm/Company	
		27524 Cashford Circle Suit	e 102	
			Address	
		Wesley Chapel, FL 33544	-	
			City/State and Zip Code	
		lisadmonk@gmail.com		
		E-mail address: (t	o be used for future annual report no	tification)
For further in	nformation con	cerning this matter, please ca	II:	
Lisa Srivasta			813 857-2992 at () Dayti	me Telephone Number
	Name of P	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	•	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
H#16	工		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Summergate 27524 LLC		
(<u>Name of the Limited Liahi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/08/2017	and assigned
lorida document number L17000054284	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
Summergate Business Group LLC		26
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbr	
Enter new principal offices address, if applicable:		eactions
<u> Principal office address MUST BE A STREET ADD</u>	DRESS)	1
	•••	· 3
Inter new mailing address, if applicable:	<u>.:</u>	(C) (C**
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		ne name of the
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = 'Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mngr	Lisa M. Srivastava	8132 Brinegar Circle Tampa F1, 33	■ Add
			□ Remove
			☐ Change
Mbr	Boundless Holdings LLC	27524 Cashford Circle Ste 102 Wes	
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	E Change
			Remove
			□ Change
			
			Remove
			☐ Change
			•
			Remove
			C; , g• ☐ Change
			Add
			☐ Remove
			□ Change

Summary: Changing Boundle	ss Holdings LLC Manager	to Member status & add Lisa M	. Srivastava as Manager
,			
·			
	···		
			
		<u> </u>	
 	 _		
			
ective date, if other than the	date of filing:		(optional)
ective date, if other than the offective date is listed, the date must be: If the date inserted in this blooms.			
ument's effective date on the De			s, this date will not be noted
record specifies a delayed		ot an effective time, at 12:	01 a.m. on the earlie
he 90th day after the reco	ord is filed.		20
	2015		
ed November 13	2017	<u> </u>	20 KGY
\prec		14	
<i>CA</i>	100 Jan	11.3.17	
		contract management of the contraction	
	Signature of a member or auth	orized representative of a member	. ———

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Typed or printed name of signee

Filing Fee: \$25.00