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TO: Registration Secti Division of Corpo			
SUBJECT:	Suma P	BUILDING MANAGEMENT	ll
30636C17	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Mill	Kane of Person	
		Name of Person	
	WF	PINU	
		Firm/Company	· · · · ·
		Duelos Re Sta	200
	1230 5	PINE ISLAMS RS STE	
	2	5 32221	
	ĭu	City/State and Zip Code	
	M 3.	-	
	E-mail address: ()	NILD E WFPAN. OM	ition)
For further information con	cerning this matter, please ca	all:	
Michael	Wig	at (454) 444-2x	ζζ
Name of P	¹ erson	at (<u>454</u>) <u>444 - 28</u> Area Code Daytime T	elephone Number
Enclosed is a check for the	following amount:		·
S25.00 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 & Certificate Copy (additional copy is enclosed)
Registrat	G ADDRESS: ion Section	STREET/COURIE Registration Section	ţ.
Division P.O. Box	of Corporations 6327	Division of Corporati Clifton Building	0115

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF A TO ARTICLES OF O O	O DRGANIZATI			
(Name of the Limited Liability Compa (A Florida Limited I	http://www.appears.org/ ny as it now appears (nability Company)	uc.		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700065025</u> . This amendment is submitted to amend the following:	were filed on	3/22/17	and assigned	
A. If amending name, <u>enter the new name of the limited liab</u>				
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company." the des	ignation "LLC" or the al	17	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			AUG - 3 PH 3: 03	ΠD
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the r	<u>iew</u>
Name of New Registered Agent:	u			
New Registered Office Address:	Enter Florid	a street address	······································	

	, Florida		
City	· · · · · · · · · · · · · · · · · · ·	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1		

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MBR	ANGELIKI LOUKAITIS	1467 DUNBROOKE LOOP	
		LUNGWOOD FL 32779	Remove
			Change
			Add
		i	🖸 Remove
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			Greenware F
			THE PHS: 03
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing:

____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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 7/3./17 Signature of a member or authorized representative of a member RENEGENTATIVE Typed or printed name of signee

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Filing Fee: \$25.00