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(Requestor's Name) (Address) (Address)	400300779094
(City/State/Zip/Phone #)	07/05/17−−01003−−003 ★★55.00
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Office Use Only	S. WARREN

'JUL 0 5 2017

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Hice Hill SUPPLY ILC Name of Limited Liability Company SUMMER SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy radditional 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

SUMMER HILL SUPPLY, dLC ( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)
(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 $04/19/2017$ and assigned Florida document number $82 - 1306868$ .
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 "LLC,"
Enter 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)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ner</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida speet 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. Original this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited literality company has been notified in writing of this change. I ف

	** 5	<u></u>
If Changing Registered Agent, Signature of New	Registered	Agent
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Page 1 of 3		

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Page 1 of 3

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>	Name	Address	Type of Action
HER	LOSE A BENZAQUEN	13130 HEERGATE CIR	🗹 Add
		ORIHNOD, FL 32837	Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	JUNE 26 2017.		17	
	Signature of a member or authorized representative of a member JOURDES RAJELO	· · · · · · · · · · · · · · · · · · ·	UUL -3	
	Typed or printed name of signee Page 3 of 3		PH 3: 04	(1) (2)

Filing Fee: \$25.00