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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Frome : (323) 972-8600 Fax Number : (323) 982-3889

\*\*Enrer the email address for this business entity to be used for annual report mailings. Enter only one email address please 🚉

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUMMIT GROUP TECHNOLOGY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUMMIT	GROUP TECHNOLOGY, I	LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Cheyenne Moscley		
		Nume of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	<del></del>
	Glendale, CA 91203		
		City/State and Zip Code	
	jpoisson@protonmail.com	to be used for future annual report notification)	_ <del>-</del>
For further information c	oncerning this matter, please c		74 - 2
Cheyenne Moseley		at ()	三 第一頁 m
Name o	of Person	at () Area Cixle Daytime Telephone Nu	imber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy enclosed) Cert	O Filing Fee. () ifficate of Status & () iffied Copy () itional copy is enclosed)
Regist Divisio P.O. H	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

## ARTICLES OF AMENDMENT TO k ARTICLES OF ORGANIZATION OF

SUMMIT GROUP TECHNOLOGY, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number 1.17000121054	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Liab	hility Company " the designation "LLC" or the abbreviation "LL.C."
THE NEW BIRDS BREST OF CHARIFUL MADE END WITH THE WORLD SHARE	
Enter new principal offices address, if applicable:	2455 East Sunrise Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33305
Enter new mailing address, if applicable:	2455 East Sunrise Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33305
	·
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	
If Cha	anging Registered Agent, Signature of New Registered Agent
Page	1 of 3
	50 <del>- 1</del>
	무슨 사람들은 사람들이 가득하다.
	ं रा

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Address

Title	Name	Address	Type of Action
			O Add
			_O Remove
			□ Remove
			Add
			C Remove
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Remove
			14 (O

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please Add Suite# to Address: Suite 205
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated August 3-4, 2017
Signature of a member or authorized representative of a member
Jeremy S. Poisson
Typed or printed name of signee

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Filing Fee: \$25.00