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| (C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
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| Certified Copies | Certificates of Status |
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| Special Instructions to | o Filing Officer: |
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| , | • | COVER LETTER | |
|----------------------------|---|--|---|
| TO: Registration Se | ction | | |
| Division of Cor | porations | | • |
| SUBJECT |), LLC | | |
| SUBJECT: | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | KAMERON BERTINE | | |
| | | Name of Person | |
| | SUMAQCO, LLC | | |
| | | Firm/Company | |
| | 2007 DIXIE BELLE DR. | APT T | |
| | . | Address | |
| | ORLANDO, FL 32812 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual repo | ort notification) |
| For further information co | oncerning this matter, please ca | nH: | |
| JONATHAN BUNTE | | 407 650-90 | 188 |
| Name of | Person | at () Area Code D | Daytime Telephone Number |
| | | | , |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 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 & Certified Copy (additional copy is enclose) |
| Registr | NG ADDRESS: ation Section n of Corporations | STREET/CO Registration 9 Division of C | |
| P.O. Be | ox 6327 ssee, FL 32314 | Clifton Build | ing ve Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUMAQCO, LLC | | |
|---|--|--|
| (Name of the Limited Liability Compan (A Florida Limited L | ny as it now appears on our records.) iability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 02/19/2018 and a | issigned |
| Florida document number L18000044514 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation " | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| <u></u> | 0 | A CEC |
| | | |
| | | ASR ASR |
| Enter new mailing address, if applicable: | | 2 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 957 |
| | ; | |
| B. If amending the registered agent and/or registered off | fice address on our records, enter the name | e of the new |
| registered agent and/or the new registered office address here | : | |
| | | |
| Name of New Registered Agent: | | <u></u> |
| Now Positional Office Addition | | |
| New Registered Office Address: | Enter Florida street address | <u>.</u> |
| | | |
| | | |
| Now Designationed Agent's Circulature of American Designation | Cay Zap Coal | <u></u> |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree | e to act in this capacity. I further agree to con | iply with the |
| provisions of all statutes relative to the proper and complete p | performance of my duties, and I am familiar w | ith and |

If Changing Registered Agent, Signature of New Registered Agent

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.

| AGR = N AMBR = A | lanager Authorized Member | | |
|---------------------|------------------------------|---------------------------|----------------|
| <u> itle</u> | Name | <u>Address</u> | Type of Action |
| MGRM | JOSE A JACOME ESPINOSA | 2007 DIXIE BELLE DR APT T | |
| | | ORLANDO, FL 32812 | Remove |
| | | | Change |
| IGRM | MARIA JACOME | 2007 DIXIE BELLE DR APT T | = Add |
| | | ORLANDO. FL 32812 | Remove |
| | | | Change |
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| | | | Remove |
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| | | | Change |

| D. If amending any | other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|--|--|---|
| | 18 FEB 26 PM 7: 49 | SECRETARY OF STATE FALLAHASSEE, FLORIDA |
| | | |
| (If an effective date is Note: If the date is document's effecti If the record speci | other than the date of filing: (02/23/2018 (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 is serted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the Department of State's records. fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier after the record is filed. | ed as the |
| Dated <u>Februa</u> | | |
| KAME | Typed or printed name of signee Page 3 of 3 | |

Filing Fee: \$25.00