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SECRETARY OF STATE

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COVER LETTER

TO:		istration Sec sion of Corp							
cupir	CT.	WINKLER	2675, LLC						
SUBJE	(,1 :		Name of Lim	ited Liability Company					
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn	all correspon	ndence concerning this matter	to the following:					
			Doug Richardson						
				Name of Person					
				Firm/Company					
	505 W. Hickpochee Ave, Suite 200								
			L.D. H. EL 22025	Address					
	LaBelle, FL 33935				<u> </u>				
			tgargano@garganolaw.com				TALI	2011	
For furt	her in	formation co	E-mail address: () ncerning this matter, please ca	to be used for future an all:	nual report notification	1)	CRETA AHAS	2011 JUL 30 PH 2: 1	
Judy Pe	rry			239 at (337-2280		SEE T	e l	771
		Name of	Person	Area Code	Daytime Telep	phone Number	SIATE		Hermy September
Enclose	d is a	check for the	e following amount:					_	
\$25	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy)	y	Certified (e of Status		

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

WINKLER 2675, LLC (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 March 8, 2018 and assigned Florida document number L18000061695 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUMMUS PROPERTY OWNERS, LLC The new name most 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2240 West First St., Suite 105 New Registered Office Address: Enter Florida street address Fort Myers 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 10 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Type of Action Name. Address _□ Remove _□ Change _□ Add □ Remove _□ Change _D Add _□ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove

_____ □ Change

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(If an effi Note:	ve date, if other than the date of filing:	filing.) Pursuant to 6	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on the ear	lier of:
Dated .	-July 17 . 2018		
	Signature of a member or authorized representative of a member		
	Doug Richardson		

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Filing Fee: \$25.00