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COVER LETTER

	Registration Section Division of Corporations					
	SUMITT I					
SUBJEC	,T:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		ERICK J. ARGUELLO				
			Name of Person			
		SUMMITT LABS LLC				
		Firm/Company				
		30604 TOTTERIDGE PLA	ACE			
		WESLEY CHAPEL, FL. 3	33545			
		City/State and Zip Code				
ERICK@ARGUELLOFINANCIAL.COM						
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information	concerning this matter, please c	all:			
ERICK.	ARGUELLO		813 727 8492			
	Name	of Person	at ()	Telephone Number		
Enclosed	l is a check for	the 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 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

SUMITT LABS LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05 22 2018	and assigned
This amendment is submitted to amend the following:	_ ·	
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
SUMMITT LABS LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tered office address on our records, <u>e</u>	nter the mame of the no
registered agent and/or the new registered office addr	ress here:	LAN.
Name of New Registered Agent:		<u> </u>
		The The
New Registered Office Address:	Enter Florida street address	9: 0
	Tala na di	36,75 36,75
	, Florid	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. 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
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			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change

CHANGING SPELLING (OF LLC FROM SUMITT (1 N) TO SUMM	HTT (2 Ns)	_
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ective date, if other than t	ne date of filing:	(optional)	
effective date is listed, the date of	ust be specific and cannot be prior to date of filin	ig or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be list	05.02 sted :
e: If the date inserted in this unent's effective date on the	Department of State's records.	y ming requirements, and dute and make an	
record specifies a delay	ed effective date, but not an effect	tive time, at 12:01 a.m. on the ear	lier
he 90th day after the r	ecord is filed.		
	2017		
MAY 31 ed	2018		
C CEL	Signature of a member or authorized represer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00