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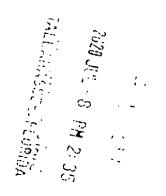
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COVER LETTER

TO:

	gistration Se vision of Cor						
AND LESS BENZOON.	SUMMA CONSULTANTS LLC						
SUBJECT:		Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		ANGELA USHER					
			Name of Person				
			Firm/Company	57	26		
		512 27TH STREET			7028 JU		
			Address	el G	٣		
		WEST PALM BEACH, F		1	왕 :		
		USHERANGELA10@GM		<u>.</u>	جم در آن		
For further i	nformation co	E-mail address: (oncerning this matter, please c	to be used for future annual report not	fication)			
ANGELA U		oneering this matter premier	516 207-0590 at ()				
•	Name o	f Person		e Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
	niling Addres		<u>Street Address:</u> Registration Se	ction			
Registration Section Division of Corporations			Division of Co	rporations			
	O. Box 632		The Centre of 7		• •		
Та	llahassee, F	·L 32314	2415 N. Monro	e Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMA CONSULTANTS 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 JULY 20, 2018 and assigned Florida document number L18000175504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUMMA PLANNING & LAND DEVELOPMENT LLC The new name must be distinguishable and contain the words "Limited 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 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	<u>Name</u>	Address	Type of Action
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ne record specifiord is filed. Dated JULY 3	es a delayed effective dat	e, but not an effective	time, at 12:01 a.m. c	n the earlier of: (b) The	e 90th day after the
If an effective dat Note: If the da	, if other than the date is listed, the date must be state inserted in this block elective date on the Depart	pecific and cannot be prid loes not meet the appl	or to date of filing or mo	(optional) re than 90 days after filing, requirements, this date	Pursuant to 605.0207 will not be listed as
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Filing Fee: \$25.00