

L190000 71257

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(Document Number)

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FILED  
19 MAY 16 PM 6 05  
CLERK OF COURT  
JANUARY 2019

O SIMMONS

MAY 31 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUMIA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMED M RABI

Name of Person

SUMIA LLC

Firm/Company

1458 42ND ST NW

Address

WINTER HAVEN FL 33881

City/State and Zip Code

TONYP090394@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMED M RABI

863 899-4584  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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**

SUMIA 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 03/14/2019 and assigned  
Florida document number L19000071857.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

1458 42ND ST NW

WINTER HAVEN FL 33881

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1458 42ND ST NW

WINTER HAVEN FL 33881

**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:**

MOHAMMED M RABI

**New Registered Office Address:**

1458 42ND ST NW

Enter Florida street address

WINTER HAVEN

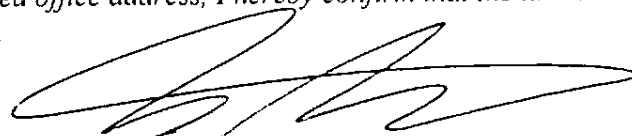
City

, Florida 33881

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**



19 MAY 16 PM 6 05

19 MAY 16 PM 6 05

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

$$5 \overline{) 13} \quad , \quad 19$$

Signature of a member or authorized representative of a member

Typed or printed name of signee