## K19000127650

(Re	equestor's Name	)		
(Ac	idress)			
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PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Na	ime)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
D.	- Carlo Carana	116	
SUBJECT: 102	Sum's Greens Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nathal	Name of Person	<del></del>
		Firm/Company	
	2806 F	alling Leaves Dr	nik
	Valrice	City/State and Zip Code	
		to be used for future annual report not	
For further information c	oncerning this matter, please c	all:	
		at ()	
Name e	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
12 \$25.00 Filing Fee	S30,00 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 Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 SEP 13 AH 9: 44 me 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 \_\_\_\_5/10/2019 Florida document number L19000127650 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) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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				The state of the s		
<u>Title</u>	<u>Name</u>	Address	21 SEP 13 AF	19: 44 Type of Action		
AR	Michael D. Warren Jr.	7901 4" Str	ee + N	□Add		
		<u>St.e. 300</u>		□Remove		
		St. Peters burg	(FL 33702	<del>D'Cha</del> nge		
				🗆 Remove		
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				□Change		

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Please amend the address of the Authorized	
Person, Michael D. Warren Ir. this address is	
currently listed as 2806 Falling Leaves Drive	
Valrico, FL 33596 and we would like the addr	
concently listed a changed to the address listed a	<u>6976</u>
in the previous section:	23
+901 4th Street N.	SC
Str. 300	<u>_</u>
St. Peter; burg, FL 33702	3 All 9:
	•••
	<del></del>
Effective date, if other than the date of filing:	iant to 605,0207 (3)
document's effective date on the Department of State's records.	or be fisied as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ord is filed.	a day after the
Dated Aug. 2021	
Daied	
Signature of a member or authorized representative of a member	
Nathale allevier Typed or printed name of signee	

Filing Fee: \$25.00