10/12/2020

## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

: (815)301-2897 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

(D) Sura Sumander CEM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUMSUM FL LLC

Certificate of Status	0
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October 13, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUMSUM FL LLC 1500 BAY ROAD APT 912 MIAMI BEACH, 33139

SUBJECT: SUMSUM FL LLC

REF: L19000166891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000354436 Letter Number: 720A00020163

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited Liability Company)	55/2019	and assigned
e Articles of Organization for this Limited L	liability Company were filed on		
c Articles of Organization for this 2000			
rida document number L19000166891	·		
s amendment is submitted to amend the fol	lowing:		. 3
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If amending name, enter the new name	of the limited hability company	<del></del>	· · · · · · · · · · · · · · · · · · ·
			the abbreviation "LLC."
new name must be distinguishable and contain the	words "Limited Liability Company," the d	Historian coc or	29
ter new principal offices address, if appl	icable:		<u>~</u>
rincipal office uddress MUST BE A STRE	ET ADDRESS)		
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ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	E <u>BOX)</u>		
		ecowie enter the	name of the new regist-
	. Legisteked office #daless on our c	ecords, cinco vac	
If amending the registered agent and/or	ess here:		
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ent and/or the new registered office addi	ess here:	PARV	
If amending the registered agent and/or ent and/or the new registered office addr Name of New Registered Agent:	G44G	erby	
Name of New Registered Agent:	6446 1500 BAY ROAD APT 912 -		
ent and/or the new registered office addi	1500 BAY ROAD APT 912 -	ida snon address	
Name of New Registered Agent:	1500 BAY ROAD APT 912 -		n 33139

company has been notified in writing of this change.

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

H Changing Registered Agent, Signature of New Registered Agent

46

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 = Munager AMBR = Authorized Member

Title	Name	Address	Type of Acti
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cord specifics a delayed effec s filed	tive date, bu	t not an effec	tive time, at	12.01 a.m. o	n the earlier o	f (b) The	እነዩስ day affer t
8/17 ed		2020					
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