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	Registration Se Division of Cor			
*	SUMMER	GALE HOLDINGS LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Tagen Materia		
		SUMMER GALE HOLDE	Name of Person NGS LLC	
		3451 SW Catskill Dr.	Firm/Company	
		Port Saint Lucie, FL 34953	Address	
		tagenm@aspiremb.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	nll:	
Tagen M	lateria -		772 285-6611	
	Name o		Area Code Daytime	2 Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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:

TO:

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

SUMMER	GALER	TOT DIM	3811.0°

(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 $\frac{7/29/2019}{1}$ and assigned Florida document number $\frac{1.19000193783}{}$ 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Abby Boyd	3451 SW Catskill Dr	
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		Port Saint Lucie, FL 34953	
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ck does not meet the applic	able statutory filing requ	(optional) an 90 days after filing.) Pe airements, this date wil	arsuant to 605.02 I not be listed a
he record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on	the earlier
Dated September 10th	2019			
	Min Mata	UC prized representative of a r	gember	
	signature of a member or author	orized representative of a f	actinoct	
Tagen Materia	Tunal or mine	ed name of signee		

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