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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor							
CUD IEC		FINANCIAL SERVICES LLC	·	,				
SUBJEC	T:	Name of Lim	ited Liability Company	<del></del>				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ret	um all correspo	ondence concerning this matter	to the following:					
		DIANA DEL SOL						
			Name of Person					
		SUMMIT FINANCIAL SI	ERVICES LLC					
			Firm/Company	<del></del>				
		8611 BELLE MEADE DR	IVE					
		Address						
		FORT MYERS, FL 33908						
			City/State and Zip Code	<del></del>				
		DIANA_SOTOLONGO@F						
			to be used for future annual report not	ification)				
For furthe	r information c	oncerning this matter, please co	all:					
DIANA I	DEL SOL		305 444-1953 at (					
	Name o	f Person		ne Telephone Number				
Enclosed	is a check for th	ne following amount:						
<b>≡</b> \$25.0	0 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 Addres	<del></del>	Street Address:					
	Registration S Division of C		Registration Se Division of Cor					
	P.O. Box 632		The Centre of	•				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 21 AH 10: LO\_ SUMMIT FINANCIAL SERVICES 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 \_\_\_\_\_\_\_ and assigned Florida document number L20000019114 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: DIANA DEL SOL 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.

City

SAME AS BEFORE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2020 AUS 21	01:011fA	Type of Action
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