## KZC000327441

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100356209381

12/15/20--01008--021 \*\*60.00

FILED
2020 DEC 15 PH 1: 31

1/26/21

## **COVER LETTER**

	ration Section n of Corporations
Sur Sur	mmit Design & Construction LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	William B. Schuh
	Name of Person
	Summit Design & Construction
	Firm/Company
	2837 Flight Safety Drive
	Address
	Vero Beach, FL 32960
	City/State and Zip Code
	christy@summitem.net
For further infor	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call:
Christy Schwartz	(3) = 190 = 77199
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
□ \$25.00 Filing	g Fee S 10.00 Filing Fee & S 55.00 Filing Fee & S 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	Address: ration Section on of Corporations Box 6327 assee, FL 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on Oct. 15, 2020	and assigned
ability company here:	
ibility Company," the designation "LLC" o	r the abbreviation "L.L.C."
<del></del>	20
	20 DE F
	- E T
	<b>3</b>
	<del></del>
	<del></del>
e address on our records, <u>enter th</u>	e name of the new regis
Enter Florida street address	
, Flori	daZiv Code
	ability company here: bility Company," the designation "LLC" o

## vew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Donald Vetromile	1845 Robalo Drive, Vero Beach, FL 32960	■Add
			□Remove
			□Change
			🗆 Add
			Remove
		<del> </del>	22 □Change
		:	Change  Change  Change  Change  Change  Change
	<del></del>	<del></del>	🖸 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
		<del> </del>	□Remove
			□Change

		·	<u> </u>		<del></del>	<del></del> .	<u> </u>				
<del></del>											
										_	
						•			-		
			<u> </u>								
					<del></del>	•. •					
		·								2020 DEC	
									.:	030	TI
									•	<u>2</u>	
									-,	Ž	Ü
<del></del> -									<u>··</u>	<del></del> သ	<del></del>
		<del> </del>					-				
					_						<del></del> -
		-									
ctive date	, if other than th	ie date of i	filing:			0.02		(option	al)		<b></b>
e: If the da	e is listed, the date materials inserted in this	block does	not mee	et the appl	icable sta	utory filin	ore man 90 d g requireme	nts, this d	ing.) late w	zill no	nt to 605.02 t be listed:
ument s ett	ective date on the	Departmen	t of Sta	te s record	is.						
cord specifi filed.	es a delayed effect	ive date, bu	it not ar	ı effective	time, at 1	2:01 a.m. (	on the earlic	r of: (b)	The	90th	day after th
ed	Dec.	Ц	·	202	2						
		Signature	of a ma	S (	horized re	presentative	of a member				