# L70000327907

Office Use Only



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01/21/21--01010--027 \*\*30.00



3/4/21

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Summit Cus	ton Homes L.	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sleine	Name of Person	
		Firm/Company	
	哲 751 Cr	Acroimage Hill Rel	<u> </u>
	Melbou	City/State and Zip Code	4C
	E-mail address: (	to be used for future annual report notit	ication)
For further information of	concerning this matter, please c	all:	
Name o	e WILAII of Person	at ( <u>404</u> ) <u>345</u> Area Code Daytime	- 5632 : Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

#### Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

FILED

Surveyi - Ci	ston Ho	SYNCS (2021 CLAN 2) PM 6:17	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Liability Company)	SECRETARY OF STATE TALLAPASSEE, FL	
he Articles of Organization for this Limited Liability Company	were filed on <u>IC</u>	0/15/2020 and assigned	
lorida document number <u>L2000327907</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	Group L.	<b>L</b> . C.	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	signation "L.L.C." or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	751 (	Carribge Hill Road	
Principal office address MUST BE A STREET ADDRESS)	Melbo	one Fl. 32940	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office a	address on our rec	eards anter the name of the new register	
gent and/or the new registered office address here:	Marcas on our rec	cords, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>		Florida	
	City	Zip Code	
and Donali annual America's Close and the first term of the contract of the co			
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agra			

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
			□Add
		<del></del>	□Change
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			Change
<del></del>			
			□ Remove
			☐ Change
			⊡Add
			□Remove
			□Change

•	
-	
-	
•	
-	<del></del>
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee