L20000328439

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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. COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Perry's Transport	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Perry Girod		
		Name of Person	
	Perry's Transport		
		Firm/Company	
	3882 SW 130th Loop		
		Address	
	Ocala, FL 34473		
		City/State and Zip Code	
	pgirod23@gmail.com		
	E-mail address: (i	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	
Perry Girod		at (407 8539126	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:

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

(<u>Name of the Limited Liab</u> (A Florid	lity Compar da Limited L	iv as it now appears on our rec lability Company)	ords.)	
The Articles of Organization for this Limited Liability Florida document number L20000328439	Company	were filed on October 16, 20	020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabi	lity company here:		
Summit Growth Solutions LLC			· 	
he new name must be distinguishable and contain the words "Li	mited Liabili	ty Company," the designation "l	.LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		2497 SW 27th ave #1056		50
Principal office address MUST BE A STREET ADD	ORESS)	Ocala, FL 34471		:
			س <u>ہ</u> ۔	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2497 SW 27th ave #1056	: : :	
		Ocala, FL 34471		
3. If amending the registered agent and/or registeregent and/or the new registered office address here:		ddress on our records, <u>en</u>	ter the name	of the new regi
Name of New Registered Agent:	istered Age	nts Inc		
New Registered Office Address: 7901 4th ST n ste 300				
		Enter Florida street add		
St. P	etersburg		Florida 337	02
		Citr		Zip Code

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 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.

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
			□Remove
			□ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		-	DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Remove
			□Change

	
Note: 11	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/17-124
	Signature of a member or authorized representative of a member
	lemy Girad
	Typed or printed name of signee