

L70 000383829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

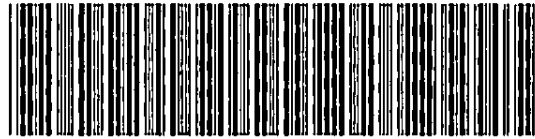
(Business Entity Name)

(Document Number)

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2/18/21
[Signature]

Summerhouse #354 LLC

December 12, 2021

Florida Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Adding MGR to Summerhouse #354 LLC

To Whom It May Concern,

Please accept this letter to amend the Articles of Incorporation for Summerhouse #354 LLC which was originally organized under the laws of the State of Florida, filed electronically on December 8, 2020, effective December 4, 2020 to include Stephanie C Remisiewicz as MGR for the LLC. Please refer to the enclosed Articles of Amendment to Articles of Organization.

If you have any questions or concerns, please reach out to the Registered Agent:

Stephanie Remisiewicz
43 Bobwhite Quail Way
Ponte Vedra, FL 32081
(904) 614-2129
taffyremisiewicz@gmail.com

Thank you for your assistance.

Sincerely,

David C Remisiewicz
Manager

Stephanie C Remisiewicz
Registered Agent

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: Summerhouse 354 LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Stephanie C Remisiewicz

Name of Person

Summerhouse 354 LLC

Firm/Company

43 Bobwhite Quail Way

Address

Ponte Vedra, FL 32081

City/State and Zip Code

taffyremisiewicz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie C Remisiewicz 904 614-2129

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Summerhouse #354 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 December 8, 2020 and assigned
Florida document number L20000383829.

This amendment is submitted to amend the following:

. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

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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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

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

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Stephanie C Remisiewicz	43 Bobwhite Quail Way Ponte Vedra, FL 32081	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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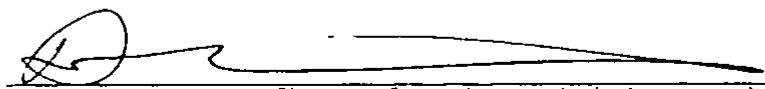
Effective date, if other than the date of filing: December 4, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 document is filed.

dated January 11, 2021


Signature of a member or authorized representative of a member

David C Remisiewicz

Stephanie C. Remisiewicz

Typed or printed name of signee

Filing Fee: \$25.00