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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

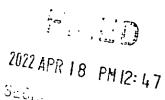
TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	SALSA SUMMIT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Diana Garcia		
		Name of Person	
	Kelley Kronenberg P.A.		
		Firm/Company	1.1
	10360 West State Road 84		
	 -	Address	
	Fort Lauderdale, FL 33324		
	dgarcia@kelleykronenberg.		
For further information	ti-mail address: (to be used for future annual report n all:	ottlication)
Diana Garcia			ext. 1008
Name	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addre		Street Address:	
Registration Division of (Section Corporations	Registration S Division of C	
P.O. Box 63		The Centre of	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2022 APR 18 PM 12: 47 GA SUMMIT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)



GLOBAL SALSA SUMMIT LLC

The Audid 2 of Charles in the Atlanta in the Atlanta in the Charles in the Charle	08/17/2021	
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number 1.21000368523		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
THE SUMMIT CHAMPIONSHIP LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	, 110	77 (1)
	Ciţy	zip Coae
New Registered Agent's Signature, if changing Registered Agent:	Cuy	ZIp Code

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
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			□Remove
			□Change
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an effective date is listed ote: If the date insert	the date must be specified in this block does	fic and cannot be pri	or to date of filing of	or more than 90 days	after filing.) Pursuan	t to 605.0207 (
ocument's effective da	ite on the Departmen	t of State's record	s.	g . e-quit etheni.	. this date will not	the fisted as
record specifies a dela Lis filed.	yed effective date, bu	it not an effective	time, at 12:01 a.i	m. on the earlier of	of: (b) The 90th da	ay after the
ated April 14		2022				
	William Signature		<u> </u>			
· 	William	taray.	d o			
	Cireration.	of a mamban an are	harizad sussesses	tion of a march		
	Signature	of a member or aut	horized representa	tive of a member		_

Filing Fee: \$25.00