

L22000128996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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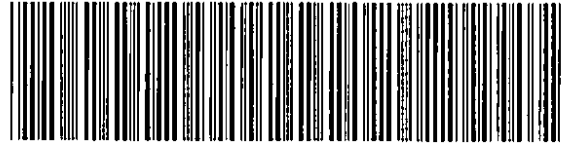
(Business Entity Name)

(Document Number)

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RECEIVED
07/15/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Summit Investors, 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:

Frank Williams
Name of Person

North Florida Summit Investors, LLC
Firm/Company

630 West Brevard Street
Address

Tallahassee, FL 32304
City/State and Zip Code

NFSIBUILDERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Williams at (850) 251-6284
Name of Person Area Code Daytime Telephone Number

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DIVISION OF STATE

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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**

North Florida Summit Investors, 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 3/15/2022 and assigned
Florida document number L22000128994

This amendment is submitted to amend the following:

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

NA

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
MAR 15 AM 10:58
TALLAHASSEE, FL

B. 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:

Frank W. Williams

New Registered Office Address:

1704 Hillgate Ct.

Enter Florida street address

Tallahassee

City

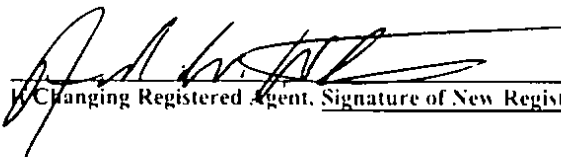
Florida

32308

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.



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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Cheyl Gonzalez</u>	<u>2151 Bartram Road</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32207</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>T</u>	<u>Fred Holmes</u>	<u>2632 Mangos Way</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32312</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AM</u>	<u>Annette Bruce</u>	<u>1514 Dove Rd</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32317</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Am</u>	<u>Epherine Williams</u>	<u>2828 Cathedral Drive</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32310</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

CLERK OF STATE
TALLAHASSEE, FL

15 APR 10:58

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DEPT. OF STATE
WASHINGTON, D.C.

Filing Fee: \$25.00