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(Re	questor's Name)	
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COVER LETTER

	stration Sec sion of Corp					
SUBJECT.	SUMMIT D	ESIGN & ENGINEERING L	LC	.•		
SUBJECT: _		Name of Limi	ted Liability Company		<u> </u>	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	- -			
		Rafael Davila				
			Name of Person		. <u> </u>	
		SUMMIT DESIGN & ENG	GINEERING LLC			
			Firm/Company	 -		
		10544 W 32nd Lane				
		<u> </u>	Address			
		Hialeah Fl 33122				22 S
			City/State and Zip Code	<u> </u>		SEP
		radavilap@gmail.com				- 6 8 8 8
		E-mail address: ()	to be used for future annua	I report notification)	A
For further inf	formation co	oncerning this matter, please ca	all:			22 SEP 16 AM 10: 01
Rafael Davila	ı		786 80	062363		3
	Name of	Person	Area Code	Daytime Telep	hone Number	,
Enclosed is a	check for th	e following amount:				
■ \$ 25.00 Fi		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is er		S60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	atus &
Reg Divi	ing Addressistration Sision of Co. Box 632	section orporations	Regist Divisio	Address: ration Section on of Corporat entre of Tallah		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMIT DESIGN & ENGINEERING 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 03/31/2022 and assigned Florida document number L22000155460 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address:

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.

City

Enter Florida street address

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
MGR	Garcia Fernandez, Mary A	10544 W 32nd Lane Hialeah Fl 33018	= Add
			□Remove
			□Add
			□Remove
			Change
			22 & P
			Remove : 1
			□Add
			□Remove
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: If the date inserted in this block does not meet the applicable statutory filing re	equirements, this date will not be lis	ted:
iment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after	er th
filed.	(-,	
. 08/18/2022		
id 00/10/2022		
i /_i/		
Signature of a member or authorized representative of		

Filing Fee: \$25.00