L2200)349(105

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(Address)		
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(Document Number)		
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LLAHASSEE ELGIO

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TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		,	
SURFECT: MUSI	on Nathan Su	immers LLC.	
sommer. <u>IT lott t</u>	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Marion Nafl	Name of Person	
	Marion Natha	in Summers LLC. Firm/Company	
	6999 Merrill	Rd Suite 2-141 Address	
	Jucksunville	FL 32277 City/State and Zip Code	
	n Summ 191 E-mail address: (t	o be used for future annual report notif	ication)
For further information c	concerning this matter, please co	ill:	
Marian Neit Name o	trun Summers of Person	at (904) 652 - Area Code Daytime	: Telephone Number
Enclosed is a cheek for t	he following amount:		
\$2 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of (Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Marion Nathan Summers Man (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 $\frac{8/9/2022}{}$ and assigned Florida document number L22000349665. 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 "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 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: Enter Florida street 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.

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>	Name	Address	Type of Action
m <u>GR</u>	Marion Nathan Summers	6999 Merrill Rd Ste 2-141	∑ Add
		Jacksonville, FL 32277	□Remove
			□Change
MGR Corey A. Graham	Corey A. Graham	5350 Adlington Expression	□Add
		Apt 3202	Remove
	Jacksonville, FL 32211	⊠ Change	
		□Add	
		□Remove	
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			□Remove
			□Change

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Note: 1	tree date, if other than the date of filing:
f the record ecord is file	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 ed.
Dated _	November 7 ⁴⁵ 2022
	November 7 th 2022. Many Many Market of a member of authorized representative of a member
	Marion Nathan Summers Typed or printed name of signee