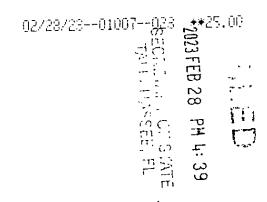
## L23 0000 595 46

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200402800242



## **COVER LETTER**

TO: Registration So Division of Con			•	
SUBJECT: Sumu Real	ty LLC			
		nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marco Walter Lerra			
		Name of Person		
	Sumu Realty LLC			
	<del></del> ·	Firm/Company		_
	200 2nd Ave S Unit 804			_ s
		Address		123 F ECT TA
	Saint Petersburg			2023 FEB 28 PH 4: 39 SECTION AND OF STATE TALL AND SEE, FL
		City/State and Zip Code		28 PH L
	itsspacecoast@gmail.com			8 PH 4:
	E-mail address: (	to be used for future annual rep	ort notification)	_ in & # _ /
For further information c	oncerning this matter, please co	all:		39 7.
marco lerra			355-1831	
Name o	t Person	Area Code	Daytime Telephone Numb	per
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certifi d) Certific	Filing Fee, icate of Status & ed Copy nat copy is enclosed)
Mailing Addres		Street Addr		
Registration S			on Section	
Division of C P.O. Box 632			of Corporations e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our mited Liability Company)	records.)	
npany were filed on $\frac{02/01/2023}{1}$		and assigned
		_ •
d liability company here:		
I Liability Company," the designation	"LLC" or the abbr	reviation "L.L.C."
<u> </u>		
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ffice address on our records, g	enter the name	ယ of the new registe
Enter Florida street	address	
City	Florida	Zip Code
1	I liability company here:  Liability Company." the designation  (SS)  Enter Florida street	Enter Florida street address  Enter Florida street address  Florida

## 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 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>	Type of Action
AMBR	Marco Walter Lerra	200 2nd Avenue	<b>≣</b> Add
		Suite 804	□ Remove
		Saint Petersburg, FL 33701	Change
			□Remove
			□Change
			2023 EB
			ALUS SEE FL Add
			□Add
			□Remove
		<del></del>	Change
	-		
			□Remove
			Add
		<del>-</del>	□Remove
			□Change

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	in co	<u> </u>
	יין אוב	: 39
		<del></del>
ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more tee: If the date inserted in this block does not meet the applicable statutory filing rec		
rument's effective date on the Department of State's records.	•	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) The 90	th day after the
S fried.		
ed February 22 2023		
2022		
Signature of a member or authorized representative of a	ı member	