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#

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: SUMU RE	ALTY LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	SUMIKO KUBOI	N CD	
	SUMU REALTY LLC	Name of Person	
	SOMO KLALI I IZA,	Firm/Company	<del></del>
	175 1st Street South unit 1	805 Address	
	Saint Petersburg		
	itsspacecoast@gmail.com	City/State and Zip Code	<del></del>
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Marco Lerra	20	at (321 ) 3551831 Area Code Daytin	
Name o	rerson	Area Code Dayun	ne Telephone Number
Enclosed is a check for th	e 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 Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monro	l altahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLINALI DICA E DISCILLO

ny as it now appears on our records.) Jability Company)	
were filed on 02/01/2023	and assigned
lity company here:	
ity Company," the designation "LLC" or the al	obreviation "L.L.C."
175 1st St S unit St Petersburg FL	33701
ddress on our records, <u>enter the nam</u>	e of the new registered
	2023 SEC
Enter Florida street address	HAY 18
Florida	Tip Co
	lity company here:  ity Company," the designation "LLC" or the all  175   SI SI S Unit  SI Peta/Sbu/g FL  ddress on our records, enter the name  Enter Florida street address  Florida

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 femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Tițle</u>	Name	Address	Type of Action
AMBR	MARCO LERRA	200 2ND AVE S UNIT 804	
		SAINT PETERSBURG FL 33701	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
	<del></del>		
			□ Remove
			□Remove
			□ Change

THE PRINCIPAL OFFICE	MOVED FROM 360 CENTRAL AVE UN	IT 1450 ST PETERSBURG FL 33701
TO THE NEW PRINCIPAL	. ADDRESS OF 175 1ST ST S UNIT 1805	ST PETERSBURG FL 33701
MARCO LERRA IS AN E	MPLOYEE AND NOT AMBR ANYMORE	
		<u>-</u>
	<del>.</del>	<del>∑</del> s_ <u>s</u>
		SECRE VLLA
		IARY IASSE
		EF. F.
		1022 1022
		AL MINISTER
	-	
ive date, if other than the	e date of filing: 02/14/2023 st be specific and cannot be prior to date of filing of	(optional)
If the date inserted in this b	lock does not meet the applicable statutory for a period of State's records.	
cord specifies a delave	d effective date, but not an effectiv	e time, at 12:01 a.m. on the earlie
90th day after the rec		,
MAY 14TH	. 2023	

Typed or printed name of signee