L23000307634

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Specia	al Instruc	tions to	Filing Of	ficer:		

Office Use Only

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SECRETARY OF STATE TALL AND STEEL SECRETARY OF STATE

COVER LETTER

47.5

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	**	•	•
	al TC LLC		·*	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Victor Blanco			
		Name of Person		
	Victor Blance			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	2040 NE 1st Ave			
		Address		
	Pompano Beach/Florida/3	3060		
		City/State and Zip Code		
	3victtor@gmail.com		12	
		to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
Name o	of Person	Area Code Dayt	me Telephone Number	·
Enclosed is a check for t	he foliowing amoun:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy additional copy is enclosed)	Certified (e of Status &
Mailing Addre Registration		Street Address: Registration S	Section	
Division of C	Corporations	Division of C	orporations	
P.O. Box 631	27	The Centre of	Tallahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International TC LLC		
Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	 ,
The Articles of Organization for this Limited Liability Company were five Florida document number L23000307634	iled on June-27-2623	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
Summaravi LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbre-	viation "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		
agent and/or the new registered office address here:	s on our records, enter the hance of	F
Name of New Registered Agent:	\$5.5 \$1.5 \$1.5 \$2.5	10 11
New Registered Office Address:	•••	字 五 一
New Registered Office Address.	į	23
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor		

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 = ivianager

AMBR = Authorized Member

<u>Titie</u>	Name	Address	Type of Action
MGR	Pedro Pimentel	927 Sable Cir SE. Palm Bay. FL, 32909	⊒Add
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Effective date, if other than the date of filing: "7/18/2023 (optional) "an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.02 (obe; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be instead in locument's effective date on the Department of State's records. The record 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 dis filed. Dated Pompano Beach, FL , 07/18/2023 Signature of a member or authorized representative of a member		
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)	Victor Blanco Typed or printed name of signee	

Filing Fee: \$25.00