# L23000480832

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



300429324983

gr./14/24 -01019--020 \*\*\*25.00

05/14/11

|  |   | COVER LETTER  |  |  |
|--|---|---|--|--|
| TO: Registration Se<br>Division of Cor                                     |   |   |  |  |
| Kelly-Zeigl<br>SUBJECT:  | ler Group 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:   |  |  |
|  | Roberta Kelly                                   |   |  |  |
|  |   | Name of Person  |  |  |
|  | Summit Bridge Partners L                        |   |  |  |
|  |   | Firm/Company  |  |  |
|  | 458! WESTON ROAD, S                             | UITE 193  |  |  |
|  | Address   |   |  |  |
|  | WESTON, FL 33331                                |   |  |  |
|  |   | City/State and Zip Code   |  |  |
|  | robbik262@gmail.com                             | to be used for future annual report no  | tification)  |  |
| For further information c  | oncerning this matter, please ca                |   |  |  |
| Robbi Kelly  |   | 954 817-3946<br>at ()   |  |  |
| Name o   | f Person  |   | me Telephone Number  |  |
| Enclosed is a check for the  | he following amount:                            |   |  |  |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Mailing Address Registration Solution of Control P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27                   | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of<br>2415 N. Monr<br>Tallahassee, F | orporations<br>Tallahassee<br>oe Street, Suite 810   |  |

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kelly-Zeigler Group LLC  |   |                                       |
|--|---|---------------------------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | mpany as it now appears on our re<br>ted Liability Company) | ecords.)                              |
|  |   |                                       |
| The Articles of Organization for this Limited Liability Compa  | any were filed on $\frac{10/19/2023}{1}$                    | and assigned                          |
| Florida document number L23000480832   |   |                                       |
| This amendment is submitted to amend the following:  |   |                                       |
| A. If amending name, enter the new name of the limited I   | iability company here:                                      |                                       |
| Summit Bridge Partners, LLC  |   |                                       |
| The new name must be distinguishable and contain the words "Limited L  | iability 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)   |   |                                       |
| Manager Manage |   | ()                                    |
|  |   | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered offi   | ce address on our records, <u>e</u>                         | nter the name of the new register     |
| agent and/or the new registered office address here:   |   |                                       |
|  |   |                                       |
| Name of New Registered Agent:  |   |                                       |
| New Registered Office Address:   |   |                                       |
| New Registered Office Address.   | Enter Florida street o                                      | address                               |
|  |   | . Florida                             |
| <del></del>  | City  |                                       |

#### 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 = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | Address | Type of Action   |
|--------------|-------------|---------|------------------|
|              |             |         | □ ∧dd            |
|              |             |         | Remove           |
|              |             |         | □Change          |
|              |             |         | □Add             |
|              |             |         | □Remove          |
|              |             |         | □Change          |
|              |             |         | □ Add            |
|              |             |         | ; □Remove        |
|              |             |         | <br>Co<br>Change |
|              |             |         | □Add             |
|              |             |         | □Remove          |
|              |             |         | □Change          |
|              |             |         | 🗆 Add            |
|              |             |         | □Remove          |
|              |             |         | □Change          |
|              |             |         |                  |
|              |             |         | □Remove          |
|              |             |         | □Change          |

## Page 2 of 3

|  | <del></del>                             |
|--|---|
|  |   |
|  |   |
|  |   |
|  | <del></del>                             |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filingte:  If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records. |   |
| record specifies a delayed effective date, but not an effect<br>The 90th day after the record is filed.  | tive time, at 12:01 a.m. on the earlier |
| ted 5/8/2024   |   |
| Signature of a member or authorized represer   |   |