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TO:

Registration Section
Division of Corporations

SUBJECT:	Summery Group LLC		
SUBJECT.		of Limited Liability Company	_
	les of Amendment and fee(s) ar	•	
	Erin Miche	elson	
		Name of Person	_
		Firm/Company	_
	1607 Pine	Ridge Rd., #277 Address	_
	Naples, FL	. 34119	
		City/State and Zip Code ankind.community	2026 87 1
For further information	tion concerning this matter, plea	ress: (to be used for future annual report notification) ase call:	2024 (***)
Erin Mic		at (415) 696-1624	
N	ame of Person	Area Code Daytime Telephone Numb	oer .
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Cee S30.00 Filing Fee & Certificate of State	LS Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on APRIL 10, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
HUMANKIND COMMUNITY LLC		
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	15044 Sandpiper Ln	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 7, #127	
Trusting that ess military	Naples, FL 34114	_
B. If amending the registered agent and/or registered off	ice address on our records, enter the na	me of the new regist
agent and/or the new registered office address here:	, <u></u>	- "
Name of New Registered Agent:		. 7
		
New Registered Office Address:	Enter Florida street address	i ii iii
	, Florida	
	City	Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			_ □Change
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Page 2 of 3

	
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Tective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing required.	uirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. on the ^c earlier o
d Sept. 4 2024	
ated,	
Signature of a member or authorized representative of a n	nember