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(Requestor's Name) (Address) (Address)	200430640522
(City/State/Zip/Phone #)	05./04.124 -01027010 **30.00
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Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

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Sumrell Auto Sates LLC Name of Limited Liability Company SUBJECT:

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corban Sumrell
Name of Person
Summell Acto Sates UC
Firm/Company
15501 N FL Avec
Tanyce FL 336/3 City/State and Zip Code
City/State and Zip Code
cctransamoll@omail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corban Sumrell

at (<u>\$17</u>) <u>457</u> 3673 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF
Summell Auto Sates CLC
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $5/14/2024$ and assigned Florida document number 124000223533 . This amendment is submitted to amend the following:
A. If amending name, <u>enter the new name of the limited liability company here</u> :
A. If amending name, <u>enter the new name of the nimber habinty company neve</u> .
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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 on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ddress
_		, 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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>		Type of Action
MGR	Corban Sumrell	10501 N FLorida AUC Tampa FL 33613	tbAdd
			□Change
			🗆 Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated JUNC 29th Jolan Sawall

Signature of a member or authorized representative of a member

Corban Sumall

Typed or printed name of signce