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2019 OCT 23 AMII: 16

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COVER LETTER

Div	ision of Cor	porations .		
SUBJECT:	SouthEx, Ll	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Mike Bishop		
			Name of Person	
		SouthEx, LLC		
			Firm/Company	
		19046 Bruce B. Downs Bl	vd. #1076	
			Address	
		Tampa, FL 33647		
		bishop@southextract.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ea	all:	
Mike Bishop	ņ		727 946-1043 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
≅ \$25.00 F	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:

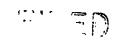
TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	SOUTHEX, LLC	2819 OCT 23 AH II: 16
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number <u>L19000239932</u>		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
Entering data construction of the second		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida 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
MGR	Vlad Grach	6598 LAKE LORAN WAY LAKE WORTH, FL 33467	
			■ Remove
			☐ Change
MGR	Vladislav Grach	6598 LAKE LORAN WAY LAKE WORTH, FL 33467	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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ed	October		20	19				
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Filing Fee: \$25.00