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TALLANASSEE FLORG

J. BRYAN

OCT 18 2010

EXAMINER

COVER LETTER

10:	Division of Corpo			
SUBJE	ct: <u>South</u>	ern Investme Name of Limit	nts of Sacksonville ted Liability Company	e LLC
The encl	osed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	ence concerning this matter	to the following:	
		Phil Mon	Name of Person	
		7830 Low	Firm/Company	10 BI IS
		Jox Fl	Address 32208 City/State and Zip Code	PILEU II: 41 OCT 15 MII: 41 LANASSEE, FLORIDA
For furth	er information cond	E-mail address: (to	o be used for future annual report notification	on)
	Phil Y Name of Pe	Monson	at (704) 506-96 Area Code & Daytime Te	37 Icphone Number
Enclosed	is a check for the f	ollowing amount:		
\$25.0	00 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)
	Registration of P.O. Box (G ADDRESS: on Section of Corporations 5327 Francis (See, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

. Southern Investm (Name of the Limited Liability	nents of Sacksonville LLC Company as it now appears on our records.) imited Liability Company)			
(A Florida Li	mited Liability Company)			
The Articles of Organization for this Limited Liability Co	mpany were filed on 10-29-08 = and assigned			
Florida document number <u>LO 8000 1016</u> 10				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	7830 Len Turner Rd Essi Jacksonville Fl 32208			
(Principal office address MUST BE A STREET ADDRESS) Jacksonville F) 32208				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.	red office address on our records, enter the name of the new			
Name of New Registered Agent: PV	iil Monson			
New Registered Office Address: 78	30 Lem Turner Rd Enter Florida street address			
1.	Enter Florida street address CKSONVI LOS , Florida 32208 City , Florida 2ip Code			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Type of Action Name** Address Remove ☐ Add □ Remove ∏Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated nature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00