

LO1000015862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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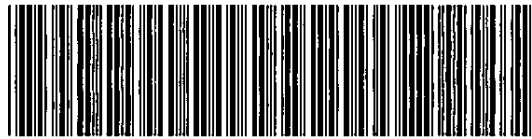
(Business Entity Name)

(Document Number)

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LO1-15862  
Amend

09/22/09--01020--005 \*\*25.00

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09 SEP 22 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 23 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeast Properties of Venice LLe  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Ackerman  
(Contact Person)

Southeast Properties of Venice LLe  
(Firm/Company)

1700 Tamiami Trail G-2  
(Address)

Port Charlotte FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ackerman at (941) 256-6995  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

Southeast Properties of Venice LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-17-2001

Florida document number LD1000015862

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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Mary Ackerman

New Registered Office Address:

1700 Tamiami Trail G-2

Enter Florida street address

Port Charlotte

Florida

33948

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 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.

Mary Ackerman  
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	Name	Address	Type of Action
MGR	Paul Srilokos	1700 Tamiami Trail Ft. Charlotte FL 33548	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Peter Rivera	1700 Tamiami Trail Port Charlotte FL 33948	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 22 PM 12:06

FILED

Dated September 17, 2009

*Mary K. Ackerman*

Signature of a member or authorized representative of a member

Mary K. Ackerman, mgr

Typed or printed name of signer