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SECRETARY OF STATE TALLAHASSEE, FLORIBA

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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Southeast Properties, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Hughes Name of Person Southeast Properties Firm/Company 604 Springbank Terrace Address Birmingham, AL 35242 City/State and Zip Code jmichaelhughes@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hughes

Name of Person

, 205, 908-8841

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)

□ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast Properties, LL0				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L03000013986</u>	iability Company	were filed on April 17, 2003	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
Southeast Properties Alabama, LLC				
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		604 Springbank Terrace		
(Principal office address MUST BE A STREET ADDRESS)		Birmingham, AL 35242		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		604 Springbank Terrace Birmingham, AL 35242	SEGRENAR ALLAHVSS	
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	ffice address on our records, <u>o</u> e:	enter the name of the na	
Name of New Registered Agent:	K, Ca	meron Koford		
New Registered Office Address:	701 Brickel	Il Avenue, Suite 3300 Enter Florida street address		
	Miami	, Floric		
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
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		····	Add
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			Add
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D. If amending any o	ther information, enter c	hange(s) here: (Attach additional sheet	s, if necessary.)
,				
		·		
(The effective date must	ther than the date of filin be specific, cannot be prior to do is filed by the Florida Departme	ate of receipt or filed	date and cannot be more than	(optional) 190 days after
Dated Septem	nber 29	2014		
	Signature of a	member or authorize	d representative of a member	er
Mich	ael Hughes			
		Typed or printed no	ame of signee	•

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE TALLAHASSEE, FLORIDA