

04000013168

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CALANDRINO LAW FIRM
Account Number : I20090000062
Phone : (407) 601-4905
Fax Number : (407) 601-4910

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SOUTHEAST AMERICA INVESTMENTS, LLC

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EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southeast America Investments, 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:

Amy M. Guy, Paralegal

Name of Person

Calandrino Law Firm, P.A.

Firm/Company

301 East Pine Street, Suite 950

Address

Orlando, FL 32801

City/State and Zip Code

amy@floridabusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy M. Guy, Paralegal

Name of Person

at (407)

601-4905

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

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TALLAHASSEE, FLORIDA

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

Southeast America Investments, 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 February 18, 2004 and assigned Florida document number L04000013168

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)

370 Center Pointe Circle, Suite 190
Altamonte Springs, Florida 32709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 East Pine Street, Suite 950
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

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:

Calandrino Law Firm, P.A.

New Registered Office Address:

301 East Pine Street, Suite 950

Enter Florida street address

Orlando

Florida

32801

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Altat Hemani (misspelled Hemani)	7800 US Hwy 17-92, Suite 182 Fern Park, Florida 32730	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

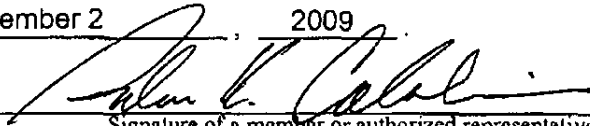
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGRM Arif Rajan's new address is 370 Center Pointe Circle, Suite 1190

Altamonte Springs, Florida 32701.

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 TALLAHASSEE, FLORIDA

Dated November 2, 2009



Signature of a member or authorized representative of a member

Philip K. Calandrino, Authorized Representative of the Members

Typed or printed name of signee

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Filing Fee: \$25.00