## L04 0000 52681

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor			·	
SUBJE	CT:	NEW 30	UTH OF FLORIDA	4, LLC.	
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	NEW SOUTH OF FLORIDA, LLC  Name of Limited Liability Company  ficles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Tolge   Feevande2     Name of Person			
		New	South of Flore Firm/Company  52 1205t, Su  Address  4m1 Fl 33186  City/State and Zip Code	10A, LLC 11Te 203	R 11 PM 2: 10
For furt	her information e			-,	
	OEGE L F Name o	FERNANDEZ f Person	at (305) 53 Area Code Daytin	253517 · ne Telephone Number	_
Enclose	ed is a check for th	ne following amount:			
<b>M</b> \$25	5.00 Filing Fee		Certified Copy	Certificate of S Certified Copy	Status &
	MAII	INC: ADDRESS:	STDEET/COUD	IED ANNDESS.	

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



April 5, 2019

JPRGE L FERNANDEZ 14221 SW 120 ST STE 203 MIAMI, FL 33186

SUBJECT: NEWSOUTH, LLC Ref. Number: L04000052681

We have received your document for NEWSOUTH, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$768.75.

The above listed entity was administratively dissolved for failure to file the 2015 annual report/uniform business report and must reinstate before this document can be filed.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2015 through 2019; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$793.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 519A00006844

www.sunbiz.org

District of Commenting D.O. DOV COOR M. U. J. D. C. J. COO.

## ARTICLES OF AMENDMENT -TO ARTICLES OF ORGANIZATION **OF**

NEWSOUT	H, LLC = Size
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  onlity Company)
(A Florida Limited Liab The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
NEWSOUTH OF FLORIDA L.  The new name must be distinguishable and contain the words "Limited Liability	Community "the designation "LLC" as the obbreviation "LLC"
	14221 52 1205T Suite 203 41AMI FL 331BG
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	14221 52 1205t Sule 203 41AMI FL 33186
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: Jos New Registered Office Address: 142	ege L FERNANDEZ  21 52 120 51, Suite 203_  Enter Florida street address  Florida 33186  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cny , Florida 3018 C Zip Code

Thereby 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 aniending 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 Address Type of Action Title Name 46CH ABAL INVESTMENT 1422157 12051 Suite 203 MAD Address 4,4m; FL 33/26 \_\_\_\_ Remove ☐ Change TERBEN INVESTMENT 1422152 1205t Suite 202 Add Address 4171 FC 33186 \_\_ Remove Change MGRM VEN-AMERICA TRADERS 1422152 12051 Suite 303 Add Allers'S

INC HAMI FC 33186 DRemove ☐ Change ☐ Remove \_\_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ D Change ☐ Remove

Daga 1 of 2

☐ Change

effect : If men	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.000 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that on the Department of State's records.  In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
d	March 18 3019.
d	Signature of a member or authorized representative of a member
d	Signature of a member or authorized representative of a member
d	

Filing Fee: \$25.00