

L060000004585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 SEP 20 PM 3:14

B. BOSTICK

SEP 21 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: South 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:

Luzelena Hincapie

Name of Person

South Investments Trust LLC

Firm/Company

1562 Springside Drive

Address

Weston, FL 33326

City/State and Zip Code

elen92629@hotmail.com

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

For further information concerning this matter, please call:

Luzelena Hincapie

Name of Person

at (954) 655 1080

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

TALLAHASSEE

12 SEP 20 PM 3:14

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

South 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 JANUARY 1, 2008 and assigned Florida document number 106000004585

This amendment is submitted to amend the following:

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

South Investments Trust LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

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
MGRM	Luzelena Hincapie	1562 Springside Drive Weston, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		PO BOX 260724 WESTON, FL 33326	<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.)

Dated

July 12, 2012

*Luzelena Hincapie*

Signature of a member or authorized representative of a member

Luzelena Hincapie

Typed or printed name of signee

FILED

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2012

LUZELENA HINCAPIE  
SOUTH INVESTMENTS TRUST LLC  
1562 SPRINGSIDE DRIVE  
WESTON, FL 33326

SUBJECT: SOUTH INVESTMENTS, LLC  
Ref. Number: L06000004585

We have received your document for SOUTH INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

The entity's date of incorporation/organization must be listed in the document.

The registered agent must sign accepting the designation.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 212A00019126