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(Re	equestor's Name)	
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EXAMINER

SECRETARY OF STATE. ALLAHASSEE, FLORIDA

1812 APR 26 PM 12: 1

COVER LETTER

TO: • Registration S Division of Co		•
SUBJECT:	Southern Inv	vestment Assc. LLC
	Name of Lim	ited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.
Please return all corresp	ondence concerning this matter	r to the following:
		Shaun Carcary
		· Name of Person
	South	nern Investment Assc LLC
		Firm/Company
		2200 1st Ave S
		Address
	Si	t Petersburg FL 33712
		City/State and Zip Code
	sha	auncarcary@gmail.com (to be used for future annual report notification)
For further information	E-mail address: (concerning this matter, please of	
Ó		707 000 0000
	naun Carcary of Person	at (727) 823 3300 Area Code & Daytime Telephone Number
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Souther</u>	<u>n Investment Assc. Li</u>	LC		
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appeared a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabili	ty Company were filed on	4/11/2006	and assigned	1 .
Florida document numberL06000037796	<u>) </u>			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "	LLC" or the abbrev	<u>/iati</u> on
Enter new principal offices address, if applicable			<u></u>	
(Principal office address MUST BE A STREET AL	ODRESS)			
		,		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		Po 23	
			F. C. 22	ghi 1
		,	HACE AND THE	Arester Arester
B. If amending the registered agent and/or re	egistered office address on o	our records, enter		
registered agent and/or the new registered office	address here:		• • • • • • • • • • • • • • • • • • •	HENT .
			101 71.5 12.5 12.5 12.5 12.5	in and a
Name of New Registered Agent:	<u></u>	· · · · · · · · · · · · · · · · · · ·	광의 호	
New Registered Office Address:			, D-	
	En	ter Florida street add	lress	
		, 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:

Addrose

Type of Action

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name

<u>i itie</u>	Name	Address	1 the of Action
MGR	Gary Prescott	345 12th Ave Indian Rocks Beach FL 33785	Add Remove
		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	·		Add Remove
			Add Remove
			Add .
· 			
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	ZOIZ SECI
_			2012 APR 26 SECRETARY
		· · · · · · · · · · · · · · · · · · ·	PHIZ: 51
			5 S
Dated	November 10	2011	
	Signature of a mam	per or authorized representative of a member	
	Signature of a meint		
	Тур	Shaun Carcary ed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00