## L080000 31431

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<b>.</b>





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2022 J.J. -5 1/1 7:38

( 10/1/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Land South Management, 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:	
Meghan West	
Name of Person  South  Firm/Company	
P.O. Box 6165	
Lakeland FL 33807	
Mean address: (to be used for future annual report up tilication)	
For further information concerning this matter, please call:	
Meghan West = 1843, 937-8867	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	of Status & py

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND SOUTH MAN	NAGEMENT, LLC	2022 CCL -5 ### 7: 38
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO800031431</u> .	were filed on	27 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designal	ion "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Ten Registered Office I states.	Enter Florida str	eet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agri- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar_	meghan West	P.O. Box 6/165 UND FL 33807	□ Add
J	O		Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□ Add
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			□Change
	<del></del>		□Add
			Remove
			□Change

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(If an ei <b>Note:</b>	(optional) fective date, if other than the date of filing:
f the recorecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
Dated	June 28 2022
	fit bl
	Signature of a member or authorized representative of a member
	Justin Harden

Filing Fee: \$25.00

Typed or printed name of signee