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LALLAHASSEE FIRBINA

MAN 3 0 2012 D. BRUCE

COVER LETTER

Division of Corporations		
SUBJECT: Southern Na	Hones Real Ty LLC ame of Limited Liability Company	.
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
<i>\begin{align*} \text{\tinx{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tint{\tex{\tex</i>	NALTER L. SPARS	Hott
South	Name of Person Name of Person When Homes Realty Firm/Company	LLC
855	Hwy 29 S Address	
	Cantonnet FL. City/State and Zip Code	32533
E-m	ail address: (fo be used for future annual report notion	or Com
For further information concerning this mat	ter, please call:	ZIII J. SECRE
Walten L. Spars	ail address: (fo be used for future annual report noticiter, please call: at (\$50) 968 Area Code & Daytin	SECRETARY OF STATE Number FLORIDA
Enclosed is a check for the following amount	nt:	PRIDATE CO.
\$25.00 Filing Fee S25.00 Filing Certificate	g Fee & \$\square\$\$\$55.00 Filing Fee & Certified Copy (additional copy is enclose	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section

TO:

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

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

(Name of the Limited Liability (A Florida L	Company as it now appears of climited Liability Company)	L C on our records.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on	17/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	tered office address on our	SECRETARY OF STATE LORIDAY records, enter the name of the new
Name of New Registered Agent:		
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	d 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR External	SCARLETT GRAVES	855 HWY 29 5 Cantonner FL. 32533	Add Remove
	<u></u>		Add Remove
· · · · · · · ·			Add Remove
		TALLAHASSEE F	Remove AM 10: 22
		STATE LORIDA	
			Add Remove

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1/24/2013	
///	
	Walter Surphitt
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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