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	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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Special Instructions	s to Filing Officer:	
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то:	Registration Se Division of Cor			
CUB 10	· CT.		Southerly L.L.C.	
SUBJE	CCT:		nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Dave Evans, Esq.		
			Name of Person	
		Law Firm of H. Greg Lee	e, P.A.	
			Firm/Company	
		2601 Cattlemen Road S	uite 503	
			Address	·
		Sarasota, FL 34232		
			City/State and Zip Code	
		pearcepad@gmail.com		
			to be used for future annual report no	tilication)
For furt	ther information c	oncerning this matter, please c	all:	
Georg	e Pearce		941 951-2330 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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 Addres Registration S		<u>Street Address:</u> Registration So	ection
	Division of C	orporations	Division of Co	prporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1000 11-2 PH 12: 12

	LIMP Southerly L.L.C.	
(Name of the Lin	nited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords,)
the Articles of Organization for this Limited Iorida document number L09000023058	Liability Company were filed on March 9, 20	and assigned
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	············
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	= BOX)	
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our records, e	nter the name of the new regis
Name of New Registered Agent:	George Pearce	
New Registered Office Address:	N/A	
	Enter Florida street a	ddress
		, 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 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 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
MGR	George Pearce	1703 North Drive Sarasota, FL 34239	⊟ Add
			□Remove
			Change
AMBR	Linda Pearce		□Add
			□Remove
		1703 North Drive Sarasota, FL 34239	\(\begin{align*} \begin{align*} \left\
		····	
			□Remove
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	removed as manager, but she shall remain a member thereof. The manager shall have the ability to
	make all decision without the approval of any member.
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an offec lote: I	te date, if other than the date of filing:
record I is file	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
ated _	March 23 2020 Line M Cance Signature of a member or authorized representative of a member
	Links M (Vance

Filing Fee: \$25.00