## 005750

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EXAMPLA



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## **COVER LETTER**

TO:	Registration Se Division of Cor			•			
SUBJI	ECT:	Southe	ast HHH, LLC				
		Name of Limi	ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		-	Daniel Marzano Name of Person				
		Cosc	culluela & Marzano, P.A				
			Firm/Company	·			
		14211	00				
			Address				
		N	Miami Lakes, Fl 33016				
			City/State and Zip Code				
dmarzano@cmpalaw.com  E-mail address: (to be used for future annual report notifica				notification)			
For fur	ther information c	oncerning this matter, please c	·	,			
Daniel Marzano Name of Person		at ( 305 )	8172170 ytime Telephone Number				
	Name o	i reison	Alea Code & Da	yume Telephone Nambel			
Enclos	ed is a check for the	ne following amount:					
<b>\$25</b>	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sout ( <u>Name of the Limited Liabili</u> (A Florida	theast HHH, LLC ty Company as it now appear a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	06/12/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	·e:		
Souther	ast Retail HHH, LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new	
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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00