Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHDOCS LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOUTHDOCS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Сиу	Zip Code	
	, Florida		
New Registered Office Address:	Enter Florida street addre	ess	
Now Davistand Office Address:			
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "L1	.C" or the abbreviation "L.1C."	
A. If amending name, enter the new name of the limited liah	oility company here:		
This amendment is submitted to amend the following:			
Florida document number L09000116583			
The Articles of Organization for this Limited Liability Company	were filed on 12/06/2009	and assigned	
	12/08/200	Q	

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 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

Title	Name	Address	Type of Action
Member	TEMKIN, JUDY	605 NE 19th Avenue	□Add
		Deerfield Beach, FL 33441	<u>~_</u> ÆRemove
			□Change
Member	Temkin, Brian	605 NE 19th Avenue	□Adđ
		Deerfield Beach, FL 33441	⊠Remove
			□Change
Member	Temkin. Brian	605 NE 19th Avenue	=\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Deerfield Beach, FL 33441	⊠Remove
		**************************************	□Change
Pres	Temkin, Brian	605 NE 19th Avenue	□Add
		Deerfield Beach, FL 33441	⊠Remove
			🗆 Change
MGR	Shoppery, LLC	7901 4TH ST N STE 300	WAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			Remove
			□Change

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ffective date, if other than the date of filing:	(ontional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	in 90 days after filing.)	Pursuant to 605.0207
<u>lote:</u> If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	internents, this date v	will not be fisted as
record 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
l is filed.		
December 6 2022		
December 6 2022		
R: Lux Pak		
Signature of a member or authorized representative of a m	nember	 _
Riley Park		

. . . .

Filing Fee: \$25.00