

#L11000040459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHEAST REAL ESTATE DEVELOPMENT GROUP, 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:

Eugene G Peek III

Name of Person

Peek & Cobb

Firm/Company

501 Riverside Avenue-Suite 601

Address

Jacksonville, Florida 32202

City/State and Zip Code

egpiii@peekcobb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene G Peek III

904

399-1609

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 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**

SOUTHEAST REAL ESTATE DEVELOPMENT GROUP, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 5, 2011 and assigned
Florida document number L11000040459.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The 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 applicable:

501 Riverside Avenue-Suite 601

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, Florida 32202

Enter new mailing address, if applicable:

Post Office Box 2169

(Mailing address MAY BE A POST OFFICE BOX)

Ponte Vedra Beach, Florida 32004

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eugene G Peek III

New Registered Office Address:

501 Riverside Avenue-Suite 601

Enter Florida street address

Jacksonville

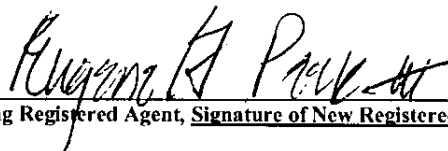
, Florida 32202

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------------------|--------------------------------------------|
| MGR | Finley B White | Post Office Box 2169 | <input type="checkbox"/> Add |
| | | Ponte Vedra Beach, Florida 32004 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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FLORIDA
STATE
CLERK
OFFICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

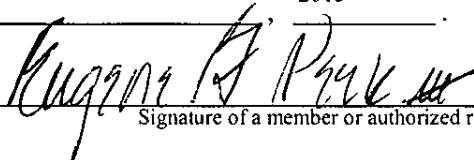
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated June 4, 2015



Signature of a member or authorized representative of a member

Eugene G Peek III

Typed or printed name of signee