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COVER LETTER

SUBJECT: Southeas + Flon da Financial 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:
John H. Lytte Name of Person
Southeast Florite Francial LLC
1330 SE 7 * Avenu
Address
Porparo Beach FZ 33060 City/State and Zip Code
City/State and Zip Code
John & Z covp FL com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
(122 - 1
John H Lyte at 709-1898 FO P
Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status 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

'TO: Registration Section Division of Corporations

STREET/COURIER ADDRESS:

and the

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEAST FLORIDA FINANCIAL, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/02/2011 and assigned Florida document number <u>L110</u>00101049 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ü. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) بترك 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: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> Title Name **Donald Fowler** 2412 SW 112th way **MGRM** Davie, FL 33325 വ

Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated _	Mpru 22/, 12013.
	WELL
	Signature of a frember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

