11000107687

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600242948156

12/31/12--01008--016 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

N. Outligan JAN 4 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Southeast Bridge, 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:

Evie Tsalickis

Name of Person

Southeast Bridge, LLC

Firm/Company

722 Northlake Blvd

Address

Tarpon Springs, Florida 34689

City/State and Zip Code

Tsalickis@aol.com

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

For further information concerning this matter, please call:

Evie Tsalickis

at (_727₎667-1606

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

FILED
2012 DEC 31 AM II: 06
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Southeast Bridge, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on or a Limited Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 09/20/20	and assigned
Florida document number L11000107687		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADL</u>	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our red ldress here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	City	, FloridaZip Code
	\(\frac{\cup_{in}}{\cup_{in}}\)	Lip Couc

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mg/	Kaliope Kokkinos	221 N. Pinellas Ave	Add
_		Tarpon Springs, FL 3468	9 Remove
			Remove
			Add
			Remove
			Add
			Remove
			_
			Remove
			Add
			Remove

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
-		
- ed	December 20, 2012.	
	Cel Saliche	
	Signature of a member or authorized representative of a member Evie Tsalickis	
	Typed or printed name of signee Page 3 of 3	

Filing Fee: \$25.00

SEGRETARY OF STATE