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J. HARRIS

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## Southeast Commercial - Tallahassee, 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:

Margaret D. Whiddon
Name of Person
Southeast Commercial
Firm/Company
4236 William James Way
Address
Tallahassee, FL 32303
City/State and Zip Code
mdwhiddon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Margaret Whiddon

<sub>ar</sub> 850, 562-6400

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 Commercial - Tallahassee, 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 8/15/2011 and assigned Florida document number L11000110025

This amendment is submitted to amend the following:

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

Southeast Commercial, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

	Liner Florida Sireel address
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Pemove
			□ Remove
			Remove
			Add
			Remoye
			Add
			□ Remove
			□ Remove

If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
	·
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated July 31, 2014	
Mugaent Duhielder	
Margaret D. Whiddon	entative of a member
Typed or printed name of si	oneo

Page 3 of 3

Filing Fee: \$25.00

