# L11000/13509

(Re	questor's Name)		
(Ad	dress)		
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. (Cit	ry/State/Zip/Phone	e #)	
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SECRETARY OF STATE-TALLAHASSEE, FLORIDA

## COVER LETTER \* \*

FO:	Registration Se Division of Cor			•
OF ID. T	D.COT	Southeast Ge	neral Services, LLC	
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Stan B. Robinson	
			Name of Person	
		Sou	theast General Services, LLC	
			Firm/Company	
	,	2	2199 Fairbanks Ferry Road	
			Address	
			Havana, FL 32333	
			City/State and Zip Code	
			segeneral@aol.com	
		E-mail address: (	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Stan B. Robinson		Robinson	850 510-6	5241
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>□</b> \$2	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 2015 HAY 20 PM 12: 21

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

Southeast C	General Services, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Conforda document numberL11000113509		10/04/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, ente	r the name of the
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Flor	da street address	
	Emer Piori	ии эн еен шин е <b>ээ</b>	
	C**	, Florida _	Zip Code
	City		гір Соае

#### 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>	Address	Type of Action	
MGR	James T. Conoley, III	9137 Old Woodville Hwy	Add	
		Woodville, FL 32305	□ Remove	
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(If an effective Note: If the	date is listed, the deduction date inserted in	an the date of filinate must be specific at this block does not at the Department of	nd cannot be prior meet the applica	to date of filing or able statutory fil	more than 90 days	optional) after filing.) Purs , this date will r	uant to 605. not be liste	0207 (3)(b) d as the
If the record (b) The 90t	specifies a de h day after th	elayed effective ne record is filed	date, but no i.	t an effective	e time, at 12:0	)1 a.m. on tl	ne earlie	r of:
Dated	May 16		2015	<u> </u>				
-		Signature of	der So- a member or autho	orized representati	ve of a member			
-		Signature of a		rized representati	ve of a member		<del></del>	

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Typed or printed name of signee

Filing Fee: \$25.00