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COVER LETTER

SUBJECT: Sout	heast Visi	on Partners, L	LC
	mendment and fee(s) are subn	_	
	<u>Sean J.</u>	Seely Name of Person	<u>.</u>
	Lynchard	Greene, Sanc	Seely, PLLC
	1901 And	dorra St.	
	Navarre,	City/State and Zip Code	<u>66</u>
1	E-mail address: (to	O Lynchard - are o be used for future annual report no ficati	ene. com
For further information cor	ncerning this matter, please ca	11:	is i
Sean Sean Sean Sean Sean Sean Sean Sean	Person	at (<u>850</u>) <u>936 - C</u> Area Code Daytime Tel	P385 AFF B T F F F F F F F F F F F F F F F F F
Enclosed is a check for the	following amount:		E PLOP STA
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

The Articles of Organization for this Limited Liability Company were filed on <u>Feb. 14, 2012</u> and assigned Florida document number <u>L12</u>000022403 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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. registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGR	Wanda Batson	207 North Main St.	Add
		Crestview, FL 32536	Remove
			□ Change
			Add
		•	Remove
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(If an effective date is li Note: If the date in	other than the date of sted, the date must be spe serted in this block do be date on the Departm	ecific and cannot be price es not meet the appli	cable statutory filing	(optiona re than 90 days after fili requirements, this da	al) ng.) Pursuant to 605.0207 (te will not be listed as th
	ies a delayed effe after the record is		ot an effective ti	me, at 12:01 a.n	a. on the earlier of:
Dated Feb.	8	. 201			
	Signat	ure of a member or aut	horized representative	of a member	10.6116-610-118

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