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**EXAMINER** 



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SLCRETARY OF STATE
TALL AHASSEE FINES

## **COVER LETTER**

Division of Corporations					
SUBJECT: S.E.L. Southern Estate Liquidators 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:					
Simon Barnett. Name of Person					
Name of Person					
Southern Estate Liquidators					
4523 magnolia Preserve Ct.					
Winter Hoven, FL 33880. City/State and Zip Code					
Trey. Barnett 28 P. Yahoo, Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Simon Barnett at (S63) 604 - 5884  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

### **MAILING ADDRESS:**

TO:

Registration Section

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

S.E.L. Southern Es	state Liquidators v Company as It how appears on			
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability (		$1/\partial 01\partial$ and assigned		
Florida document number <u>L12000 0 5 8 6 3 2</u> .	<u></u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	<u>lited liability company here:</u>			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<del></del>	······································		
(Principal office address MUST BE A STREET ADDI	RESS)			
		<u> </u>		
Enter new mailing address, if applicable:		→ → → → → → → → → → → → → → → → → → →		
(Mailing address MAY BE A POST OFFICE BOX)		SE O		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our	records, enter the name of the new		
The state of the s	ess note.			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter F	Enter Florida street address		
<del></del>		, Florida		
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mera	Jeffery B. Maynard	166 Bahia Ct. Vinter Howen, FL 33880	Add Remove
•			Add Remove
			Add Remove
			Add Remove
*****	-		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
·		-	<b></b> -
Dated Au	gust 23 , 2018	),	
	Signature of a member of	or authorized representative of a member	
	Simon Barnett	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00