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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C		•	
	EAST CAPITAL INVESTMENT	r GROUP, LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	William G. Allen		
		Name of Person	
		Firm/Company	
	226 Sydney Lane		
		Address	
	Redington Shores, FL 337	08	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
William G. Allen		813 385-2061 at ()	
Name	e of Person	Area Code Daytime	e 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

TO:

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

2020 MIT 23 AH II: 49

SOUTHE	AST CAPITAL INVESTMENT GROUP, LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on June 5, 2012	and assigned
Florida document number L12000075116		
This amendment is submitted to amend the following:		
(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		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Fater new mailing address if applicable		
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	-	
	*	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	From Florida donard James	
*MATCH STTT - CART	, Florida	7in 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 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	JOHANNA S. ALLEN	226 Sydney Lane, Redington Shore	Add
			■ Remove
			Change
MGR	WILLIAM G. ALLEN	226 Sydney Lane, Redington Shore	Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			□ Remove
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			Remove
			☐ Change

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effect	ive date, if other than the date of filing:
fan ef <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	3/14/20
	1, 1/1/
	Signature of a member or authorized representative of a member
	WILLIAM G. ALLEN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00