L13000001737

•
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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N. Culligan MAR 2 6 2019

COVER LETTER

TO:

Registration Section
Division of Corporations

SHR IFCT:

Southern Charm Events, L

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:

Tanya R Hendricks

Name of Person

Southern Charm Events

Firm/Company

2342 Park Street

Address

Jacksonville, Florida 32205

City/State and Zip Code

tanya@southerncharmevents.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya R Hendricks

904 731-5978 x101

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

FILED

2010 MAR 25 PM 1: 38

SECRETARY OF STATE
FALL ASSAURANT FLOADA

Southern	Vintage	Rentals,	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 Comp	oany were filed on 01/01/2013	and assigned
Florida document number L13000001737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Southern Charm Events, LLC		
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2342 Park Street	
(Principal office address MUST BE A STREET ADDRESS	Jacksonville, Florida	32205
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	, Flori	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		•	Add
			Remove
			, <u>.</u>
			Add
			Remove
			_
			Add
			Remove
			Add
		4 444	Remove
			Add
			Remove

ion, enter change(s) here: (Attach additional sheets, if necessary.)
2013
Neud
Nature of a member or authorized representative of a member
-

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Filing Fee: \$25.00

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