

L 13000040461

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Southeastern Collateral, 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:

Rodrigo Cecchi  
Name of Person

Southeastern Collateral, LLC  
Firm/Company

4512 N. Flagler Drive, Suite 305  
Address

West Palm Beach, FL 33407  
City/State and Zip Code

rodrigo@technodevinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Turner at (423) 213-0215  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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JUL 10 2013  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Southeastern Collateral, 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 Company were filed on 03/18/2013 and assigned  
Florida document number L13000040461.

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 end with 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)

4512 N. Flagler Drive

Suite 305

West Palm Beach, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4512 N. Flagler Drive

Suite 305

West Palm Beach, FL 33407

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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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>	<u>Type of Action</u>
MGRM	SOUTHEASTERN COLLA1	955 S. VIRGINIA ST.	<input type="checkbox"/> Add
		STE 116	<input checked="" type="checkbox"/> Remove
		RENO, NV 89502	
MGRM	Tecnodev, Inc.	4512 N. Flagler Drive	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		West Palm Beach, FL 33407	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add FEIN#: 46-2299858

Dated

JULY 5, 2013

Michael Turner, Managing Member, Southeastern Collateral Solutions, LLC

Signature of a member or authorized representative of a member

Michael Turner, Managing Member of Southeastern Collateral Solutions, LLC

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FL 32301

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