

113000103621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

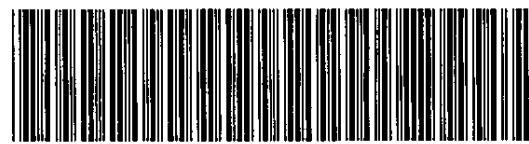
(Business Entity Name)

(Document Number)

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2016 SEP 15 P 5:07
FLORIDA DIVISION OF
STATE LAND RECORDS
TALLAHASSEE, FLORIDA
FILED

SEP 16 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Capital of South Florida, 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:

Maliki Hardy
Name of Person

Southern Capital of South Florida, LLC
Firm/Company

135 Weston Rd #284
Address

Weston, FL 33326
City/State and Zip Code

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

For further information concerning this matter, please call:

Maliki Hardy
Name of Person at 954, 901-2532
Area Code Daytime Telephone Number

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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

(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 7/19/2013 and assigned Florida document number 13000103621.

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Maliki Hardy
135 Weston Rd # 284
Enter Florida street address
Weston FL, Florida 33324
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 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.

Maliki Hardy

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>John Sawyer</u>	<u>135 Weston Rd #284</u>	<input type="checkbox"/> Add
		<u>Weston FL 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Sean Devlin</u>	<u>135 Weston Rd #284</u>	<input type="checkbox"/> Add
		<u>Weston FL 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Thomas Saunders</u>	<u>135 Weston Rd #284</u>	<input type="checkbox"/> Add
		<u>Weston, FL 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Maliki Hardy</u>	<u>135 Weston Rd #284</u>	<input checked="" type="checkbox"/> Add
		<u>Weston FL 33326</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kelly McBride</u>	<u>135 Weston Rd #284</u>	<input checked="" type="checkbox"/> Add
		<u>Weston FL 33326</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Jason Thomas</u>	<u>135 Weston Rd #284</u>	<input checked="" type="checkbox"/> Add
		<u>Weston FL 33326</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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2016 SEP 15 P 5:00 PM
FCC
FEDERAL COMMUNICATIONS COMMISSION
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 12, 2014

Maliki Hardy
Signature of a member or authorized representative of a member

Signature of a member or authorized representative
Maliki Hardy
Typed or printed name of signee