L13000103621

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:]
	ļ
	[
	İ

Office Use Only



300317405223

08/24/18--01024--001 **25.00



M. MILLIGAN AUG 28 2018

COVER LETTER

TO: Registration Se Division of Cou			
SUBJECT:	uthern Capit	71 0 f SOUTH	Honda LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kate Sm	Name of Person	
	Southern (Capital of Sol	th Flonda, LLC
	135 Wester	Address Address	
	Weston Fr Southern E-mail address:	City/State and Zip Code CAD HALL CO (1) to be fused for future annual report not	man. LOM
For further information co	oncerning this matter, please ca	all:	
Kate Smith	↑ f Person	at (C152) Area Code Daytim	- 2532 ne Telephone Number
Enclosed is a check for th	e 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

Southern Capital of South FloridgiLLC

(Name of the Limi	led Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L	23 (02)
This amendment is submitted to amend the foll	
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Kate Smith
New Registered Office Address:	135 Weston Rate 284 Enter Florida street address
	Wester Florida 3332 Lo 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Kelly McBrde	135 Weston Rd #284	
		Weston Fi 33324	Remove
			Change
44R	Kafe Smith	135 Wester Rd #284	Add
		Wethen Fr 33324	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Change P C
			Add:
			Change

fan ei <u>Note:</u> docum	tive date, if other than the date of filing: [cetive 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent'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 a 90th day after the record is filed.	i as
fan ei <u>Note:</u> docum ie re The	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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent'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 e 90th day after the record is filed.	i as
fan ei <u>Note:</u> docum ie re The	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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent'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 e 90th day after the record is filed.	i as
fan ei <u>Note:</u> docum ie re The	Signature of a member or authorized representative of a member	i as
If an ef Note: docum ne re The	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 605.00. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent'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 egoth day after the record is filed. Signature of a member or authorized representative of a member	as rot
If an ef Note: docum ne re The	Signature of a member or authorized representative of a member	as rot

Filing Fee: \$25.00