

L13000104347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

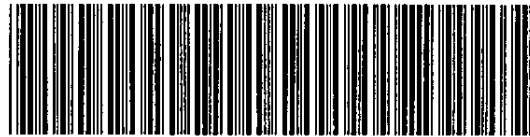
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 SEP -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 06 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2013

EDWARD RUSSELL
4421 SW PARKGATE BLVD
PALM CITY, FL 34990

SUBJECT: SOUTHEASTERN GRIPS, LLC
Ref. Number: L13000104347

We have received your document for SOUTHEASTERN GRIPS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00019236

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2013 SEP -5 PM 3:13
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Southeastern Grips, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Russell

Name of Person

Firm/Company

4421 SW Parkgate Boulevard

Address

Palm City, FL 34990

City/State and Zip Code

jackie@deevaninc.com

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

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2019 SEP -5 PM 3:13
CLERK OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Edward Russell

Name of Person

at **772 341-4385**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

PAID
PREV.

CR2E062 (4/13)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Southeastern GRIPS, 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 23 July 2013 and assigned
Florida document number L13000104347

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)

4421 SW PARKGATE BLVD
PALM CITY, FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4421 SW PARKGATE BLVD
PALM CITY, FL 34990

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:

EDWARD RUSSELL

New Registered Office Address:

4421 SW PARKGATE BLVD

Enter Florida street address

PALM CITY, Florida 34990

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.

Edward Russell
If Changing Registered Agent, Signature of New Registered Agent

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------------|--------------------------|--|------------------------------|
| <u>MGR</u> | <u>EDWARD MEINZINGER</u> | | <input type="checkbox"/> Add |
|------------|--------------------------|--|------------------------------|

| | | | |
|--|--|------------------------------|--|
| | | <u>4428 SE Coventry Lane</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>Stuart FL 34997</u> | |

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| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
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24 SEP 2003
CLERK OF STATE
TALLAHASSEE, FLORIDA
PH 3: 3

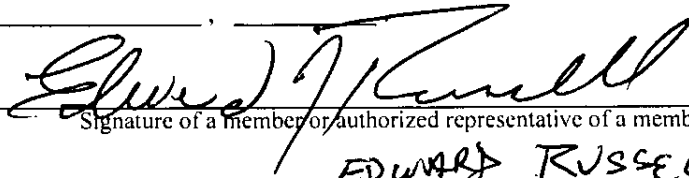
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This is in response to Department of
Corporations letter dtd 12 Aug 2013

Enclosed

Letter number 413A 00019256

Dated _____



Signature of a member or authorized representative of a member

EDWARD RUSSELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

PREVIOUSLY
SUBMITTER

2018 SEP -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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