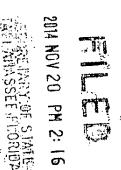
Office Use Only



900266506569

11/20/14--01003--001 **25.00





EFFECTIVE DATE 4125/14

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	SOUTH F	REGION FINANCIAL L	LC			
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		ANDRES W. LOPEZ	Z			
			Name of Person			
		THE TAX GROUP I	NC.			
			Firm/Company			
		8743 SW 9TH TER	RACE#3			
		MIAMI FL 33174			2014 NOV	canage .
			City/State and Zip Code		V N N N N N N N N N N N N N N N N N N N	****
		taxgrup@bellsouth.n			20	7
		E-mail address: (to be used for future annual report notifi	ication)		T
For further in	nformation co	ncerning this matter, please ca	all:		1 2: SI/ E0:	-
ANDRES	W. LOPE	Z	305 223-4648		5 5	
•	Name of	Person		: Telephone Number	"	
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	M 4 11 11	NC ADDRESS	CTD CCT/CC			

MAILING ADDRESS:

Registration Section

TO:

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

SOUTH REGION FINANCIAL 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 Li	ability Company	were filed o	on <u>4/14/14</u>		a	nd assi	igned
Florida document number L140001061727	·						
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited liabi	lity compa	ny here:				
The new name must be distinguishable and end with the	words "Limited Liabi				. 8	ation "L	.L.C."
Enter new principal offices address, if applic	able:	920	Su	821	NAVE		
(Principal office address MUST BE A STREE	T ADDRESS)	MIAN	11,FL	33/	yy		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		ss on our	records, <u>e</u>	TAELAHASSEE: FLOTHER IDA	2014 NOV 20 PM 28 16	of the nev
Name of New Registered Agent:	LAZARO HE	ERNANDI	EZ			<u> </u>	
New Registered Office Address:	<u>-550 SW 841</u>		920 er Florida stre	Su	82M	A	UE
	N A I A N A I	Enic	er Florida stre		2111		
	MIAMI	City		Floric	la 3144 Ziv	Code	
New Registered Agent's Signature, if changing F	Registered Agent:	\$ n.v.			,		
I hereby accept the appointment as registere provisions of all statutes relative to the prop							

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.

Il Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

EFFECTIVE DATE 11/25/14

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAZARO HERNANDEZ	550 SW 84TH AVE	Add
		MIAMI FL 33144	Remove
MGR	LAZARO GONZALEZ SR.	550 SW 84TH AVE	Add
		MIAMI FL 33144	■ Remove
			Add
			Remove
			Acid TO Remove
			P P P P P P P P P P P P P P P P P P P
			□ Remove
			Add
			Remove

	•
•	·
	• •
_	
(The offect	re date, if other than the date of filing: NOVEMBER X,2014 (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated 🕹	- 11/17/2014
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member LAZARO HERNANDEZ

Page 3 of 3

Filing Fee: \$25.00

