L14000118646

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECREINEN IN 1997 TALLAHASSER, SINGA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	·	DOUTHEAST ited Liability Company	LLC	
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:		
	4621 É Tampa	Name of Person Southeast LL (Firm/Company Belle Chase Ci Address FL 336 City/State and Zip Code acresoutheast Com to be used for future annual report notifi		15 FEB 27 SEON: 360
For further information co	ncerning this matter, please ca	·		PH II: 0
Scic Name of	Moore Person	at (S13) 83	3-6757 Telephone Number	
Enclosed is a check for the	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 Fe Certificate of St Certified Copy (additional copy is a	atus &

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



*Completed forms attacked

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2015

ERIC MOORE MOORE SOUTHEAST, LLC 4621 BELLE CHASE CIRCLE TAMPA, FL 33834

SUBJECT: MOORE SOUTHEAST LLC

Ref. Number: L14000118646

We have received your document for MOORE SOUTHEAST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form for a limited liability company.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 115A00000926

RESELVED IS FEB 27 MIZ: 57 MANAGE STATES OF STATES

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORE So	Company as it now appears on our records.) imited Liability Company)
(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LIY 000 1186 Y 6</u>	mpany were filed on $\frac{7}{29}$ 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limit	ted 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 ADDRE	(SS)
	AS T
Enter new mailing address, if applicable:	tool tool tool tool tool tool tool tool
• • • • • • • • • • • • • • • • • • • •	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	1984yes
	- Company
	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ss nere:
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 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

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 = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
		***************************************	□ Add		
			Remove		
			☐ Remove		
			5		
			□ Remove		
			□ Remove		
			Add		
			□ Remove		
			□ Add		
			□ Remove		

D. If:	ending any other information; enter change(s) here: (Attach additional sheets, if necessary.)	
	AMEND: ARTICLE 111	_
	· REMOVE: Real Estate Services	
	Brokerage and Investmen	t lonsultin
	· AREND to State: Land Trust Advisory	-
		Agent
(The	tive date, if other than the date of filing:	
Da		
	SM/2 Couner	e) (EO
	Signature of a therefor or authorized representative of a member	
	Typed or printed name of signee	
	` <i>,</i>	
		S
	Constitution of the Consti	
	Page 3 of 3	
	Filing Fee: \$25.00	· 06
	·	