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Amend

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# **COVER LETTER**

	on Section f Corporations	
SUBJECT:	Southeast Flogina TRUST, LLC Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Ricardo Morgany	
	Sorthast Florida TRUST LLC Firm/Company	
	1531 SE 12 H 14 Address	
	E-mail address: (to be used for future any all report notification)	
	E-mail address: (to be used for future anyugi report notification)	
For further inform	ation concerning this matter, please call:	
-ficar	O Morganian at (303) 548-0200  Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
\$25,00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>ب</u>
Southeast Florida (Name of the Limited Liability Compan	TRUST, LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	is as it now appears on our records.)
(Name of the Limited Liability Companied Liability Companied Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the Organization	were filed on 9/4/14 and assigned
	F
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Deer Field Brack, FL 33441
(Principal office address MUST BE A STREET ADDRESS)	DeerField Brack, FL
	33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	fo Box 1451 Foca Ration, FL 33429
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: \( \square{53} \)	SE 12 94, ST Enter Florida street address
_ Dienfu	word Beach Florida 3344/

#### 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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added</u> or removed from our records:

MGR = Manager

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	L'EARDO Maryunts	MOI NE 24/h st. Bora laton, FL 3343	Add
	U	Bora laton, FL 5343	Remove
			Change
MGR Then	The MANAGEMENT FIRM	701 South Curson Store	Add
		Suite 200	
		Carson City NEVADA 8970	∑_□ Change
			Add
			Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>ote:</u> If	the date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
nted _	play 14/1-6 2019.
	1 - Ton
	Signature of a member or authorized representative of a member
	Typed or printed name of signific

Page 3 of 3

Filing Fee: \$25.00