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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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JUN 1 6 2016 S. YOUNG

COVER LETTER

	Registration S Division of Co		ş • •	•	
SUBJEC	SOUTHE	RN REAL ESTATE FUND, LL	.c		
SUBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Oleksandr Blekherov			
-			Name of Person		
			Firm/Company		
		1920 E Hallandale Beach	Blvd Suite 622		
			Address		
		Hallandale Beach FL 3300	9		SECRETARY TALLAINASSE 16 JUN 15
			City/State and Zip Code		三三三
		oblekherov@gmail.com			5
For furthe	er information o	E-mail address: (concerning this matter, please or	to be used for future annual report no	tification)	PH 2:
	lr Blekherov	, , , , , , , , , , , , , , , , , , ,	305 7819202 at ()		29
	Name o	of Person		me Telephone Number	_
Enclosed	is a check for t	he following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	status &

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

and assigned
and assigned
LLC" or the abbreviation "L.L.C."
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_ _ _ _
July 15
P To
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ords, enter the name of the ne
dress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eric Guth	1850 S Ocean Dr Apt 1607	= Add
		Hallandale Beach FL 33009	□ Remove
			Change
<u> </u>			
•			□ Remove
			Change Change
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			7: Change Change
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ctive date, if other than the date of filing:	optional) optional (optional) optional (optional)
e: If the date inserted in this block does not meet the application are the application of State's records.	ble statutory filing requirements, this date will not be listed
second some date on the Department of State S records.	
ecord specifies a delayed effective date, but not	an effective time at 12:01 a.m. on the carlier
ne 90th day after the record is filed.	an effective time, at 12.01 a.m. on the earner
Y and	/
ed June 13th , 2016	, _ ·
M	1000
Signature of a momber of a mom	ized representative of a member
Vignobias of a mobile 21-11.	

Page 3 of 3

Filing Fee: \$25.00