L14000169076

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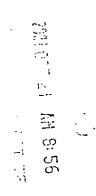
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COVER LETTER

TO:	Registration Sec Division of Corp			
	SOUTHEAS	ST PALM LLC		
SUBJE	ECT:	Name of Limit	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for tiling.	
Please	return all correspor	ndence concerning this matter t	o the following:	
		THOMAS E SOWELL		
			Name of Person	
		SOUTHEAST PALM LLC		
			Firm/Company	
		56037 BLUE CREEK RD		
			Address	·
		ASTOR, FLORIDA 32102		
		THOMASSOWELL@YMA	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report not	fication)
For fur	ther information co	oncerning this matter, please ca	H:	
THOM	MAS SOWELL		386 747-5632	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEAST PALM LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number 1.14000169076	impany were filed on OCTOBER 30, 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 contain the words "Limite	ed Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	office address on our records, <u>enter the nan</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	702
		Zip Gade
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 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>	Address	Type of Action
AMBR	CRYSTALL DEANE	56037 BLUE CREEK RD	■Add
		ASTOR, FLORIDA 32102	□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ective date, if other than the coeffective date is listed, the date must e: If the date inserted in this blooment's effective date on the Department.	be specific and ca ck does not mee	annot be prior to c et the applicable	late of filing or r	nore than 90 day	(optional) is after tiling.) I is, this date w	Pursuant to 605.020 ill not be fisted a
cord specifies a delayed effective Filed.	date, but not an	n effective time.	, at 12:01 a.m.	on the earlier	of: (b) The	90th day after th
OCTOBER 16		2021				
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- glac	Sporting of a son	mper or authorize	id energy manager	e of a month.		