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(Re	equestor's Name)	<del> </del>		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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STORETARY OF STATE.

2015 MAY -5 P 2: 36

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## COVER LETTER \*

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SUBJECT:	Southern +	tome Property Company	erties L	LC
	rane or Enne	ed ontonity company		
The enclosed Articles of Arr	nendment and fee(s) are subm	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	KAthle	son Monti	À	
		Name of Person		
	Southern H	ometwn Prop Firm/Company	erties LL	<u>C</u>
	5846 S. F	laming o Ro	d #324	<del></del>
	Cooper City,			
-	Trouthr	te e quail be used for Inture annual re	CUM mort notification	
For further information cond	erning this matter, please call		epon nonneamon)	
To further intomiation conc	crimig ans matter, piease car.	1.		
Robert Mart	in	at (95V)	242-98	61
Name of Pe	erson	Area Code	Daytime Telephon	e Number
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

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

Southern Item (Name of the Limited Liability Compa) (A Florida Limited I.	e Properties  ny as It now appears on o  liability Company)	y LLC.		
The Articles of Organization for this Limited Liability Company Florida document number 4500070065	were filed on Apri	121, 2015 and as	ssigned	
Florida document number 150000 1006 5				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "	Propertics	LLC		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words	ity Company," the designa	tion "LLC" or the abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:		***** <b>*</b>	2	
(Principal office address MUST BE A STREET ADDRESS)		Control Control	i marini	
		13 TA 15	U.B	
		<b>製み -</b> 5	n	
Enter new mailing address, if applicable:			517	
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>		)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name	of the new	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
	Enter Florida street address			
***************************************		, Florida Zip Code		
Non-Posidonal Control Control Control	City	Zip Code	!	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my d rovided for in Chapt	luties, and I am familiar w er 605, F.S. Or, if this doc	ith and cument is	

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:

	LI Remove
	Change
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	te, if other than	nis block does no	ot meet the applic	cable statutory filing	(option ore than 90 days after fit requirements, this d	ling.) Pursuant to 605	.0207 (3)(i ed as the
Note: If the document's a	effective date on t	ayed effective record is file	e date, but no ed.	ot an effective ti	me, at 12:01 a.r	m. on the earlie	er of:
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Filing Fee: \$25.00