

L15000088719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

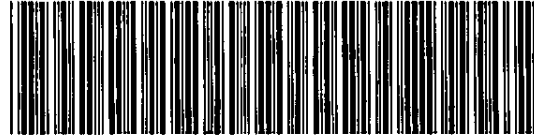
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

O SIMMONS  
JAN 09 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2016

TERESA O'HARA \*\*\*\*2ND LETTER\*\*\*  
40 PINE BROOK DR  
PALM COAST, FL 32164

SUBJECT: SOUTHERN OAKS BUSINESS SOLUTIONS, LLC  
Ref. Number: L15000088719

RECEIVED  
2017 JAN -6 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOUTHERN OAKS BUSINESS SOLUTIONS, LLC. However, the document has not been filed and is being returned for the following:

You submitted two(2) filing with one \$25 fee. Each filing is \$25 each. Please submit \$25 in order for the attached filing to be filed.

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) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 716A00027483

copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2016

TERESA O'HARA  
8 UNF DR, STE 124  
JACKSONVILLE, FL 32224

SUBJECT: SOUTHERN OAKS BUSINESS SOLUTIONS, LLC

RECEIVED  
2016 DEC 20 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOUTHERN OAKS BUSINESS SOLUTIONS, LLC. However, the document has not been filed and is being returned for the following:

You submitted two (2) filing with \$25. Each filing is \$25, please submit payment along with documents.

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) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 316A00026030

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Southern Oaks Business Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-13-2015 and assigned  
Florida document number L15000088719

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

already updated

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

already updated

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

already provided documentation  
on separate form included

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 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>	<u>Type of Action</u>
MGR	Floreede Cole	8 UNF Drive Ste 124 Jacksonville, FL 32224	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Teresa O'Hara	8 UNF Drive Ste 124 Jacksonville, FL 32224	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Brandon O'Hara	40 Pine Brook Dr. Palm Coast, FL 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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17 JAN - 20  
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34  
DIVISION OF REVENUE  
127

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please only provide the name of  
the following managing member for  
this LLC:

Floreede Cole

Please (do)(not) show the name of  
the other managing member:

Teresa O'Hara

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DIVISION OF REVENUE & TAXATION

E. Effective date, if other than the date of filing: 12-2-16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12-2-, 16.

Teresa O'Hara

Signature of a member or authorized representative of a member

Teresa O'Hara

Typed or printed name of signee