## LB00033228

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TALLAHASSEE, FLORIDA

SEP 28 2015

S. YOUNG

COVER LETTER,

TO: Registration Section , Division of Corporations
SUBJECT: South Floring RESources LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthong BELTRAMEA POST & STEED STATES OF THE
South FLORIAN RESOURCES LLEER &
3313 HAVILAND Ct.
Palm Harbor FL 34684 City/State and Zip Code
City/State and Zip Code  South Floridares (to be used for future annual report notification)  Talm HARbor, FL 34684  City/State and Zip Code  South Floridares (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony BELTRAMEA at 813 841 6705  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int \\$25.00 \text{ Filing Fee}  \\ \\$30.00 \text{ Filing Fee}   \\ \\$55.00 \text{ Filing Fee}   \\ \\$55.00 \text{ Filing Fee}   \\ \\$80.00 \text{ Filing Fee}  \tex

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number 115000123223	ny were filed on 7/17/20 15 and assigned
This amendment is submitted to amend the following:	SEE PA
A. If amending name, enter the new name of the limited lia	NUE NUE
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3313 HAVILAND ct.
(Principal office address MUST BE A STREET ADDRESS)	PALM HARbor, FL 34684
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3313 HAVILAND Ct. Palm HARbor, FC 34684
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address: 3	313 HAULAND CT.  Enter Florida street address
	Palm Haplan Florida 34684  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

MGR = MS $AMBR = AS$	_41	C .			
<u>Title</u>	Name	Add	<u>lress</u>		Type of Action
MGR	Anthony	BELTRAMER	4 3313	HAVILAUDO	Add
		BELTRAMER	Palm	HARbur, FC	34684 □ Remove
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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	/ Naltagraph	
	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00