1900174405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400279517104

11/30/15--01026--024 **25.00

15 NOV 30 PN 2: 49

DEC 0 2 2015 Y SULKER

COVER LETTER

TO: Registration So Division of Con			*.
Moccosin SUBJECT:	Creek Properties, LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob K. Duncan		
		Name of Person	
		Firm/Company	
	6518 Ray Phillips Rd		
	-	Address	
	Macclenny, FL 32063		
	jduncan1222@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Jacob Duncan		904 718-3756 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 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

Moccosin Creek Properties, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000174405</u>	were filed on 10/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Southern Industries II, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	6518 Ray Phillips Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Macclenny, FL 32063	
Enter new mailing address, if applicable:	PO Box 1469	
(Mailing address MAY BE A POST OFFICE BOX)	Macclenny, FL 32063	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	the name of the notice of the
-	, Florida	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>	Address	Type of Action
MGR	James H. Duncan	12646 Duncan Trail	Add
		Sanderson, FL 32087	■ Remove
			☐ Change
	· .		Add
			□ Remove
			☐ Change
			Add
			□ Remove
			C Nange
			TO Remove
			Chaffee
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

_				
_				
_				
			20	
				5 NO
			388 J. 1917	NOV 30
an effec	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date f the date inserted in this block does not meet the applicable s	(optional) e of filing or more than 90 days after filing, statutory filing requirements, this date	ြင့) Pursuan	t to 605.020 be Nested a
locumer	nt's effective date on the Department of State's records.	goqo,o uno	ALC:	4

Page 3 of 3

Filing Fee: \$25.00