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COVER LETTER

10: Registr Divisio	ration Section n of Corporations			
Solution Solution	utheast Real Estate Services of Bay County, LLC			
	Name of Limited Liability Company			
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	Laird Hitchcock			
	Name of Person			
	Laird Hitchcock Name of Person Southeast Real Estate Services of Bay County Firm/Company 1022 W 23rd Street, Suite 660 Address Panama City, FL 32405 City/State and Zip Code lairdhitchcock@gmail.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call:			
	Firm/Company			
	1022 W 23rd Street, Suite 660			
	Address			
	Panama City, FL 32405			
	·			
For further inform				
Laird Hitchcock				
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a check	k for the following amount:			
SL \$25.00 Filing I				

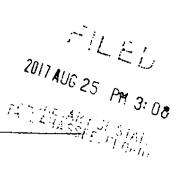
MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327

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**



Southeast Real Estate Services of Bay County

(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 Comp	pany were filed on $\frac{12}{}$	/14/2015 and assigned		
Florida document number L15000207562				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	ere:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS				
		·		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
If amending the registered agent and/or registered egistered agent and/or the new registered office address !	l office address on here:	our records, <u>enter the name of the</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
·		, Florida		
w Registered Agent's Signature, if changing Registered Age	City	, Florida Zip Code		
Acesser to Agent 3 Signature, it changing Registered Age	nt·			

I o 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>	Name	Address	Type of Action
AMBR	Timothy Reddock	112 Silverleaf Cr	
		Pelham, AL 35124	■ Remove
AMBR	Wells - Fifth 1		□ Change
- <u></u>	Wallace L Hitchcock	2603 Bayleaf Ct	
		Panama City, FL 32405	□ Remove
			Change
			Change T
			Add 9
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

Effective date, if other than the date of filing: 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 603.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated Signatury of a member or authorized representative of a member.	_					-				
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	Dated	817	1/17							
Signature of a member or authorized representative of a member	Jaicu			, .		<u> </u>				
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			Signat	ing of a mer	fiber or auth	orized repres	entative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00