L16000064286

(Requestor's Name)
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
	G.W. Sout	her LLC		•
SUBJE	ECT:		→	
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Demetrius Garner		
			Name of Person	 -
		G.W. Souther LLC		
		- -	Firm/Company	
		3309 Ashford Ln		
			Address	
		McKinney, TX 75072		
		montez.garner@gwsouther	City/State and Zip Code	
		E-mail address:	to be used for future annual report not	:(Caatian)
For furt	her information c	oncerning this matter, please c		incation)
Demetr	ius Garner		256 221-5262	
			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 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		Street Address:	
Registration Section		Registration Se		
Division of Corporations P.O. Box 6327		Division of Cor		
	Tallahassee, F		The Centre of 7	
		Note that the Control of the Control	Z413 IN. IVIODFO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Programme of the Community of the Commun

G.W. Souther LLC

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(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 Florida document number L16000064286	v were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	vility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	618 East South Street		
(Principal office address MUST BE A STREET ADDRESS)	Suite 500 - #5090	<u></u>	
	Orlando, FL 32801		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	618 East South Street Suite 500 - #5090		
	Orlando, FL 32801		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida _		
V. To	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 $AMBR = 1$	Manager Authorized Member	The American State of the Control of	
<u>Title</u>	<u>Name</u>	Address 21 HAY 26 PA 3: 48	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
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		Land to the Contract	
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<u> </u>			
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			_
	5/25/21		_
Effective date, if other than the	5/25/21 date of filing:	(optional)	
Note: If the date is listed, the date must Note: If the date inserted in this bidocument's effective date on the D	ock does not meet the applicable stat	filing or more than 90 days after filing.) Pursuant to 6 atory filing requirements, this date will not be l	505,0207 (, isted as th
e record specifies a delayed effectived is filed.	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day at	fter the
May 19th	2021		
Dated			
/			
	Signature of a member or authorized rep	esentative of a member	

Typed or printed name of signee