

LI6 000110270

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIS 1600102 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:

KENNETH STILLWELL

Name of Person

SOUTHEAST PROPERTY ACQUISITIONS, LLC

Firm/Company

P.O. BOX 9567

Address

TAMPA, FL 33674

City/State and Zip Code

Kenneth.Stillwell@spincompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH STILLWELL

813 675-0916

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

MIS 1600102 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 JUNE 7, 2016 and assigned
Florida document number L16000110270.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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)

5009 N. CENTRAL AVE

TAMPA FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 9567

TAMPA FL 33674

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:

KENNETH STILLWELL

New Registered Office Address:

5009 N. CENTRAL AVE

Enter Florida street address

TAMPA


City

, Florida 33603

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>
AR	TIME VALUE ASSETS LLC	5953 FEATHER LN	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ASSETS BY DESIGN LLC	6603 WADSWORTH RD	<input type="checkbox"/> Add
		MT DORA FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOUTHEAST PROPERTY ACQ	5009 N. CENTRAL AVE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33603	<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
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE NOTE ON PAGE 2 OF 3 THAT THE NAME OF THE "ADDED" ENTITY IS:

SOUTHEAST PROPERTY ACQUISITIONS, LLC

E. Effective date, if other than the date of filing: _____ (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 _____

10/28/2016

Donald Johnson AS AUTHORIZED REPRESENTATIVE
Signature of a member or authorized representative of a member

DONALD JOHNSON AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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