# L16000157311

Office Use Only



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TALL AHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	•					
cup ic	SOUTH NO							
SUBJEC	·I:	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Mr. Terry Ardrey						
			Name of Person					
		South North Holdings Ilc						
		8012 loveland PAss dr.s						
	Address							
		Jacksonville,fl 32210						
			City/State and Zip Code					
		E-mail address: (	to be used for future annual report notifi	cation)				
For furth	er information c	oncerning this matter, please c	all:					
Mr. Terr	y Ardrey		904 6071336 at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed	l is a check for th	ne 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

SOUTH NORTH HOLDINGS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Complex Linding Liability Complex Li6000157311	pany were filed on 08/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRES</u>	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 SEP -6 PH
B. If amending the registered agent and/or registeroregistered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
	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

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>	Type of Action
AMBR	Mr. Terry Ardrey	8012 loveland pass dr.s	<b>■</b> Add
		JAcksonville,Fl 32210	Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			Remove  ALLAHARY  Bhanger  ASSEMULANA  Add
			FLORIDA Remove
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(If an ef Note:	ve date, if other than the date of filing:	
The c	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on the earlier of
Dated	August. 31, 2016.  Terry Cuchen  Signature of a member or authorized representative of a member  Mr. Terry Ardrey	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00