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S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporation	ns
SUBJECT: Sour	Thern Dasis - 1 Living LC Name of Limited Liability Company
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
	MS. William Baker Name of Person
	SOUTHERN COSIS LIVING LLC
	2527 104 Ave. So Address
	St. Petershug - 11-337/2 City/State and Zip Colle SULL Herri Oasis Nume Care. @ gmail. Com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
US William E Name of Person	at (27) 743-7463 Area Code Daytime Telephone Number
Enclosed is a check for the follow	ring amount:
,	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>レ 18000013</u> 1 <i>0</i> 2	were filed on $\frac{1/16/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility 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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PA
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 name of the new registered</u>
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	, 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 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
AMBR	Brandon Buleon	2527 101 Ave.	□Add
		2527 101 Ave. St. Retersburg 91 33712	2Remove
		 	□Change
			□Add
			□Remove
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			Change

	
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Note: If	date, if other than the date of filing: 6/19/2026 (optional) ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jeine 19 2020
	Signature of a member or authorized representative of a member
	Ms. Wellin Baher Typed or printed name of signee
	11-1-11 7-1